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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
125737	CNS RESEARCH, INC.			
3. Street Address Principal Business Office		City	State	Zip
1013 CENTER ROAD		WILMINGTON	DE	19805
4. Business Phone No.	5. State of Incorporation			
800-707-6013	DELAWARE			

6. Brief Description of the Character of Business Conducted in Rhode Island
MEDICAL RESEARCH

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
PATRICIA J. EPPLE			NORMAN M. GORDON		
Street Address			Street Address		
16 HALIBURTON ROAD			450 VETERANS MEMORIAL PARKWAY #11		
City	State	Zip	City	State	Zip
RUMFORD	RI	02916	EAST PROVIDENCE	RI	02914
Secretary Name			Treasurer Name		
AXEL J. EPPLE			AXEL J. EPPLE		
Street Address			Street Address		
16 HALIBURTON ROAD			16 HALIBURTON ROAD		
City	State	Zip	City	State	Zip
RUMFORD	RI	02916	RUMFORD	RI	02916

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
NORMAN M. GORDON			PATRICIA J. EPPLE		
Street Address			Street Address		
450 VETERANS MEMORIAL PARKWAY #11			16 HALIBURTON ROAD		
City	State	Zip	City	State	Zip
EAST PROVIDENCE	RI	02914	RUMFORD	RI	02916
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

Number of Shares	Class/Series	Par Value
751	COMMON	NO PAR

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature *Date* 17 Jan 11

AXEL J. EPPLE
Print or Type Name

[redacted] TREASURER/SECRETARY
Title

File Date FILED
Check No. JAN 28 2011
By: BY
FOR SECRETARY OF STATE USE ONLY
58130-14-589564

Form 630 Rev. 08/08