



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 144450		2. Exact name of the Corporation Solaris Nanosciences Inc.		
3. Principal office address 321 South Main St., Suite 102		City Providence	State RI	Zip 02903
4. Business Phone No. 401-351-6300		5. State of Incorporation Delaware		
6. Brief description of the character of business conducted in Rhode Island SOAR ENERGY				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Nabil Lawandy		Vice-President Name		
Street Address 321 South Main St., Suite 102		Street Address		
City Providence	State RI	Zip 02903	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Nabil Lawandy		Director Name		
Street Address 321 South Main St., Suite 102		Street Address		
City Providence	State RI	Zip 02903	City	State
Director Name Neil Corkery		Director Name		
Street Address 127 Oceanwoods Drive		Street Address		
City Wickford	State RI	Zip 02852	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
		250,855.	COMMON	.01
		27,034.	SERIES A Preferred	.01

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 28 2012

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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.

Laurie Finnegan
 Signature of Authorized Representative

6/20/2012
 Date

LAURIE FINNEGAN
 Print or Type Name of Authorized Representative