



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 2013

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. 000135081		2. Exact name of the Corporation Myomics, Inc.			
3. Principal office address 135 Prospect Street			City Providence	State RI	Zip 02906
4. Business Phone No. 401-226-1167		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Researching and developing drug compounds.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Herman Vandenburg			Vice-President Name		
Street Address 135 Prospect Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Frank Benesch-Lee			Treasurer Name Adele Vandenburg		
Street Address 135 Prospect Street			Street Address 135 Prospect Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Herman Vandenburg			Director Name Robert Valentini		
Street Address 135 Prospect Street			Street Address 135 Prospect Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			2299567	CWP	0.01

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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: _____

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.

Adele Vandenburg 06/20/2013
 Signature of Authorized Representative Date

Adele Vandenburg, Treasurer
 Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY
 Form No. 630
 Revised: 01/2012

FILED

JUN 21 2013
 By 49-199924

A.A.