



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

*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.*

**ANNUAL REPORT YEAR:** 2014

**1. Corporate ID No.** 000539950

**2. Name of Corporation** Nulabel Technologies, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 965 WATERMAN AVENUE

City or Town: EAST PROVIDENCE

State: RI

Zip: 02914

Country: USA

**4. Business Phone No.**

401-305-5075

**5. State of Incorporation**

State: DE

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

TO DEVELOP AND COMMERCIALIZE LABEL AND HARDWARE TECHNOLOGY

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

| Title     | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT | MAX BENJAMIN WINOGRAD                          | 410 BENEFIT STREET, FLOOR 1<br>PROVIDENCE, RI 02903 USA    |
| TREASURER | MAX BENJAMIN WINOGRAD                          | 410 BENEFIT STREET, FLOOR 1<br>PROVIDENCE, RI 02903 USA    |
| SECRETARY | MAX BENJAMIN WINOGRAD                          | 410 BENEFIT STREET, FLOOR 1<br>PROVIDENCE, RI 02903 USA    |
| DIRECTOR  | BENJAMIN DAVID LUX                             | 255 PROMENADE<br>PROVIDENCE, RI 02908 USA                  |
| DIRECTOR  | HAROLD DAVID SCHOFIELD                         | 9 ATLANTIC AVE                                             |

|          |                       |                                                           |
|----------|-----------------------|-----------------------------------------------------------|
|          |                       | NARRAGANSETT, RI 02882 USA                                |
| DIRECTOR | CHRISTOPHER BOIES     | 575 LEXINGTON AVENUE, 7TH FLOOR<br>NEW YORK, NY 10022 USA |
| DIRECTOR | MAX BENJAMIN WINOGRAD | 410 BENEFIT STREET, FLOOR 1<br>PROVIDENCE, RI 02903 USA   |

## 8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized<br>Shares<br><i>Number of Shares</i> | Total Issued<br>and<br>Outstanding<br><i>Num of<br/>Shares</i> |
|----------------|-----------------|---------------------|-------------------------------------------------------|----------------------------------------------------------------|
| CWP            |                 | \$0.0010            | 10,000,000.00                                         | 4246774                                                        |

**9. 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.**

**Signed this 13 Day of January, 2014 at 4:14:11 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JACQUELINE NOYES

Signature of Authorized Representative of the Corporation

HUMAN RESOURCE COORDINATOR/OFFICE MANAGER

Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07

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