

## 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

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

Filing Fee: \$50.00	• FAILURE TO FI	LE THIS REPORT BY N	MARCH 31 WILL RES	ULT IN A \$25.00 PEN	NALTY FEE.			
140655	2. Exact na	2. Exact name of the Corporation						
140033	NABSY	NABSYS, INC.						
Principal office address 60 Clifford Street			City <b>Providence</b>	State RI	<sup>Z</sup> 02903			
Business Phone No. 101-276-9100			5 State of Incorporation Delaware					
Brief description of the	character of busines	s conducted in Rhode Island	d					
Biotechnology Res	search & Devel	opment						
The state of the s	NAMES AND ADDI	YESSES)TEXTBOX FOR A	Trachment) 🗹 🗀					
resident Name Barrett Bready			Vice-President Name John Oliver					
Street Address C/o Nabsys, Inc., 60 Clifford Street			Street Address c/o Nabsys, Inc., 60 Clifford Street					
rovidence	State	<sup>Zio</sup> <b>02903</b>	City Providence	State	<sup>Zip</sup> <b>02903</b>			
ecretary Name David Bernstein		<u> </u>	Treasurer Name Peter Lewis	I	, , , , , , , , , , , , , , , , , , ,			
Street Address c/o Nabsys, Inc., 60 Clifford Street			Street Address c/o Nabsys, Inc., 60 Clifford Street					
rovidence	State <b>RI</b>	<sup>Zip</sup> <b>02903</b>	City <b>Providence</b>	State	Zip 02903			
LIST <u>ALL</u> DIRECTORS	(NAMES AND ADD	RESSES) (#X# BOX FOR	ATTAGHMENT)					
rector Name Barrett Bready			Director Name William Gerber					
reet Address <b>/o Nabsys, Inc., 6</b> 0	Clifford Street		Street Address c/o Nabsys, Inc	., 60 Clifford Stree	t			
rovidence	State RI	<sup>Zip</sup> <b>02903</b>	City Providence	State <b>RI</b>	<sup>Zip</sup> <b>02903</b>			
rector Name Leroy Hood			Director Name  David Martirano					
reet Address Vo Nabsys, Inc., 60	Clifford Street	<u> </u>	Street Address c/o Nabsys, Inc	., 60 Clifford Stree	t			
rovidence	State <b>Ri</b>	<sup>Zip</sup> <b>02903</b>	City Providence	State R1	<sup>Z</sup> io <b>02903</b>			
SHARES AUTHORIZED			10 SHARES ISSUED	("X" BOX FOR ATTAC	MENT -			
la lada umadi 1		08	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE			
his Information is currently of record in the Office of the Secretary f State. Changes require an additional filling. ee Section 9 of instruction sheet.			2,376,155	CWP	\$0.001			
			18,867,283	PWP	\$0.001			

this report must be executed on behalf of the corporation by the receiver or trustee.

File Date	FILED	this report, including any accompanying schedulard that all statements contained herein are true	companying schedules and statements	
Crieck No.	JAN 2 9 2014 C フタフン	Signature of Authorized Representative  Barrett Bready	1/2c/14 Date	
FOR SECRETARY OF STATE USE IONLY		District Town Name of A. Aberican December 2		

Form No. 630 Revised: 01/2012



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## 2014

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140655		2. Exact name of the Corporation  NABSYS, INC.					
Principal office address 60 Clifford Street			City <b>Providence</b>	State R1	<sup>Zip</sup> <b>02903</b>		
Business Phone No. 401-276-9100			5. State of Incorporation <b>Delaware</b>				
Brief description of the o		conducted in Rhode Island	1		. 117.		
LIS ALL OFFICERSI	NAMES AND ADDR	ESSES) (#X4 BOX FOR A					
President Name VP - Steve Nurnberg Street Address C/o Nabsys, Inc., 60 Clifford Street			Vice-President Name VP - Richard Hollingsworth  Street Address C/o Nabsys, Inc., 60 Clifford Street				
							rovidence
ecretary Name VP - Darren Lee			Treasurer Name				
treet Address C/o Nabsys, Inc., 60 Clifford Street			Street Address				
ty Providence	State RI	<sup>Zip</sup> <b>02903</b>	City	State	Zip		
	(NAMES AND ADD	RESSES) (#X# BOX FOR			filministi kompital		
irector Name Stan Rose			Director Name Ray Stata				
treet Address c/o Nabsys, Inc., 60	Clifford Street		Street Address c/o Nabsys, Inc	:., 60 Clifford Stree	t		
Providence	State <b>RI</b>	<sup>Zip</sup> <b>02903</b>	City Providence	State <b>RI</b>	<sup>Zip</sup> <b>02903</b>		
irector Name			Director Name	,			
treet Address			Street Address	- <b></b>	a-11		
ity	State	Zip	City	State	Zip		
SHARES AUTHORIZE	SES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
- Hillian about		***************************************	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE		
his information is curre f State. Changes require		e Office of the Secretary					
r State. Changes require se Section 9 of instruct		<b>J</b> .					
This report must be execu	uted on behalf of the	corporation by an authorize	ed representative. If the	corporation is in the hand	ds of a receiver or trustee,		
	this report mu	st be executed on behalf of	Under penalty of p	erjury, I declare and aff	irm that I have examined schedules and statemen		
File Date		FILED	and that all statem	ents contained herein	are true and correct.		
Check No	n da sol et all leg groß el. Das byggene de solen	IANI 2 n 2011					
By:		JAN 2 9 2014	Signature of Autho	rized Representative	Date		
	STATE USE ON Y	ID140655	Barrett Bread	·			

Form No. 630 Revised: 01/2012