



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 2014

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. 513473		2. Exact name of the Corporation CytoSolv, Inc.			
3. Principal office address 117 Chapman Street, Suite 107			City Providence	State RI	Zip 02905
4. Business Phone No. 241-0429		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To own and operate a biotech company					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Dr. Moses Goddard (and CEO)			Vice-President Name Christopher Thanos		
Street Address 155 Pelletier Lane			Street Address 125 Staples Road		
City Tiverton	State RI	Zip 02878	City Cumberland	State RI	Zip 02864
Secretary Name Dr. Moses Goddard			Treasurer Name Dr. Moses Goddard		
Street Address 155 Pelletier Lane			Street Address 155 Pelletier Lane		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Dr. Moses Goddard			Director Name Richard Horan		
Street Address 155 Pelletier Lane			Street Address 3 Davol Square, Suite A301		
City Tiverton	State RI	Zip 02878	City Providence	State RI	Zip 02903
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.					

2014 MAR 10 AM 9:16
 SECRETARY OF STATE
 CORPORATIONS DIV

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

MAR 10 2014

By 49-219490

A.A.

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.

Moses Goddard, M.D. 2/24/14
 Signature of Authorized Representative Date

Dr. Moses Goddard

Print or Type Name of Authorized Representative