

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 · FAULURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE

794885	2. Exact na Hyperaud	2. Exact name of the Corporation Hyperaudio Incorporated					
3. State of Incorporation		4. Brief description of the character of business conducted in Rhode Island Continued development of media software to enable remixes of video footage, used in libraries for historic video archives.					
Rhode Island	libraries	or mistoric video a	icilives.				
5. Principal office address 970 St Marks Ave, Ground Floor			City Brooklyn	State NY	Zip 11213		
6. LIST <u>ALL</u> OFFICERS (I	NAMES AND ADDI	RESSES) ("X" BOX F	OR ATTACHMENT)				
President Name Mark Boas			Vice-President Name Daniel Schultz				
Street Address Via Terracini, 18/3 San Casciano			Street Address 970 St Marks Ave, Ground Floor				
City Firenze	State Italy	Zip 50026	City Brooklyn	State NY	Zip 11213		
Secretary Name Daniel Schultz			Treasurer Name Mark Boas				
Street Address 970 St Marks Ave, Ground Floor			Street Address Via Terracini, 18/3 San Casciano				
City Brooklyn	State NY	Zip 11213	City Firenze	State Italy	Zip 50026		
7. LIST <u>ALL</u> DIRECTORS ("X" BOX FOR ATTACH		DRESSES), RHODE IS	LAND CORPORATIONS <u>MUS</u>	LIST NO LESS THAN	THREE (3) DIRECTORS		
Director Name Daniel Schultz			Director Name Mark Boas				
Street Address 170 St Marks Ave, Ground Floor			Street Address Via Terracini, 18/3 San Casciano				
City B rooklyn	State NY	Zip 11213	City Firenze	State Italy	Zip 50026		
Director Name Matteo Spinelli		Director Name					
Street Address Via del Monte alle Croci, 12			Street Address				
City Firenze	State Italy	Zip	City	State	Zip		
8. REGISTERED AGENT II	N RHODE ISLAND						
V/ (e Office of the Secret	ary of State. Changes require t	iling Form 641.			
This report must be signed b	y either the Presid	ent, Vice-President, Se	ecretary, Assistant Secretary, Trea	asurer, duly Authorized	Representative, Receiver		

or Trustee

File Date 17:8 WV S1 707 \$107 Check No	FILED	this report, including any accompanying schedul and that all statements contained herein are true	les and statements
- Ald Snathyna	JUL 15 2015		6/20/2015
BATATS HO YNA SOCIE		Signature of Officer or Authorized Representative	Date
FOR SECREMANY DESTATE USE	ONLY BY 14 3081	Daniel Schultz	
Form No. 631	8:41	Print or Type Name of Officer or Authorized Representative	

Revised: 04/2014