



**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 2016**

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. <b>000002437</b>		2. Exact name of the Corporation <b>BIOSPEC, INC.</b>			
3. Principal office address <b>147 Sixth Street</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02906-3733</b>
4. Business Phone No. <b>401.421.8721</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Biological research and services</b>					
USE THE FOLLOWING SPACES AND ADDRESSES TO REPORT ON OFFICERS AND DIRECTORS					
President Name <b>Grace Marie Donnelly</b>			Vice-President Name <b>Kelly Marie Perry</b>		
Street Address <b>147 Sixth Street</b>			Street Address <b>794 Buffington Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906-3733</b>	City <b>Somerset</b>	State <b>MA</b>	Zip <b>02726</b>
Secretary Name <b>Kelly Marie Perry</b>			Treasurer Name <b>Grace Marie Donnelly</b>		
Street Address <b>794 Buffington Street</b>			Street Address <b>147 Sixth Street</b>		
City <b>Somerset</b>	State <b>MA</b>	Zip <b>02726</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906-3733</b>
USE THE FOLLOWING SPACES AND ADDRESSES TO REPORT ON OFFICERS AND DIRECTORS					
Director Name <b>NONE</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
SHARES OUTSTANDING					
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
		600		cnp	0

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.

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.

FILED  
FEB 29 2016

Signature of Authorized Representative

Date

**Grace M. Donnelly**

Print or Type Name of Authorized Representative