



**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: 2017

1. Corporate ID No. 000505218

2. Name of Corporation Vision-Sciences, Inc.

3. Street Address Principal Business Office:

No. and Street: 5420 FELTL ROAD

City or Town: MINNETONKA

State: MN

Zip: 55343

Country: USA

4. Business Phone No.

5. State of Incorporation

State: DE

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

31-33

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

MEDICAL DEVICE MANUFACTURER

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DARIN HAMMERS	5420 FELTL ROAD MINNETONKA, MN 55343 USA
TREASURER	BRETT REYNOLDS	5420 FELTL ROAD MINNETONKA, MN 55343 USA

SECRETARY	BRETT REYNOLDS	5420 FELTL ROAD MINNETONKA, MN 55343 USA
DIRECTOR	HOMI SHAMIR	5420 FELTL ROAD MINNETONKA, MN 55343 USA
DIRECTOR	KEN SAMET	5420 FELTL ROAD MINNETONKA, MN 55343 USA
DIRECTOR	URI GEIGER	5420 FELTL ROAD MINNETONKA, MN 55343 USA
DIRECTOR	CHERYL PEGUS	5420 FELTL ROAD MINNETONKA, MN 55343 USA
DIRECTOR	LEW PELL	5420 FELTL ROAD MINNETONKA, MN 55343 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0100	50,000,000.00	26057327
PWP		\$0.0100	5,000,000.00	0

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 24 Day of February, 2017 at 10:24:05 AM. *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 BRETT REYNOLDS
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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