



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2017

## Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

|  |  |  |   |                     |                        |
|--|--|--|---|---------------------|------------------------|
| 1. Entity ID Number<br><b>143159</b>   |  | 2. Exact name of the Corporation<br><b>Colloidal Science Solutions, Inc.</b> |   |                     |                        |
| 3. Principal Office Address<br><b>1454 Main Street</b>   |  | City<br><b>West Warwick</b>  | State<br><b>RI</b>  | Zip<br><b>02893</b> |                        |
| 4. NAICS Code<br><b>81 - Other Services (except Pub</b>  | 6. Brief description of the character of business conducted in Rhode Island<br><b>To research, develop, manufacture and distribute gel microspheres and other bioscience technology.</b> |  |   |                     |                        |
| 5. State of Incorporation<br><b>Rhode Island</b>   |  |  |   |                     |                        |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |  |  |   |                     |                        |
| President Name<br><b>Richard B. Cook</b>   |  |  | Vice-President Name   |                     |                        |
| Street Address<br><b>38 Epworth Avenue</b>   |  |  | Street Address  |                     |                        |
| City<br><b>West Warwick</b>  | State<br><b>RI</b>   | Zip<br><b>02893</b>  | City  | State               | Zip                    |
| Secretary Name<br><b>Richard B. Cook</b>   |  |  | Treasurer Name<br><b>Richard B. Cook</b>  |                     |                        |
| Street Address<br><b>38 Epworth Avenue</b>   |  |  | Street Address<br><b>38 Epworth Avenue</b>  |                     |                        |
| City<br><b>West Warwick</b>  | State<br><b>RI</b>   | Zip<br><b>02893</b>  | City<br><b>West Warwick</b>   | State<br><b>RI</b>  | Zip<br><b>02893</b>    |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |  |  |   |                     |                        |
| Director Name<br><b>Richard B. Cook</b>  |  |  | Director Name<br><b>Kindle C. Cook</b>  |                     |                        |
| Street Address<br><b>38 Epworth Avenue</b>   |  |  | Street Address<br><b>413 Hannum Drive</b>   |                     |                        |
| City<br><b>West Warwick</b>  | State<br><b>RI</b>   | Zip<br><b>02893</b>  | City<br><b>Kennett Square</b>   | State<br><b>PA</b>  | Zip<br><b>19348</b>    |
| Director Name  |  |  | Director Name   |                     |                        |
| Street Address   |  |  | Street Address  |                     |                        |
| City   | State  | Zip  | City  | State               | Zip                    |
| 9. Shares Authorized<br>This information is currently of record in the Department of State.<br>Changes require an additional filing.   |  |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                     |                        |
|  |  |  | NUMBER OF SHARES  | CLASS/SERIES        | PAR VALUE              |
|  |  |  | <b>1,000</b>  | <b>Common</b>       | <b>\$0.001</b>         |
|  |  |  |   |                     |                        |
| 11. 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.<br><b>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.</b> |  |  |   |                     |                        |
| Name of Authorized Representative<br><b>Richard B. Cook</b>  |  |  |   |                     | Date<br><b>2/17/17</b> |
| Signature of Authorized Representative<br><i>Richard B. Cook, President</i>  |  |  |   |                     |                        |

MAIL TO:  
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