



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

MAIL TO:

Division of Business Services

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