



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>102716</b>  |                    | 2. Exact name of the Corporation<br><b>Third Wave Technology Inc.</b>                            |                               |                    |  |  |
| 3. Principal Office Address<br><b>241 Howland Road</b>  |                    |  | City<br><b>East Greenwich</b> | State<br><b>RI</b> | Zip<br><b>02818</b>  |  |
| 4. NAICS Code <b>541690</b><br><b>54 - Professional, Scientific, an</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Consulting</b> |                               |                    |  |  |
| 5. State of Incorporation<br><b>Rhode Island</b>  |                    |  |                               |                    |  |  |
| 7. List ALL officers (names and addresses)  |                    |  |                               |                    | Check the box to indicate an attachment <input type="checkbox"/> |  |
| President Name<br><b>Phillip Manning</b>  |                    |  | Vice-President Name           |                    |  |  |
| Street Address<br><b>241 Howland Road</b>   |                    |  | Street Address                |                    |  |  |
| City<br><b>East Greenwich</b>   | State<br><b>RI</b> | Zip<br><b>02818</b>  | City                          | State              | Zip  |  |
| Secretary Name  |                    |  | Treasurer Name                |                    |  |  |
| Street Address  |                    |  | Street Address                |                    |  |  |
| City  | State              | Zip  | City                          | State              | Zip  |  |
| 8. List ALL directors (names and addresses)   |                    |  |                               |                    | Check the box to indicate an attachment <input type="checkbox"/> |  |
| Director Name   |                    |  | 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  |  |
| 9. Shares Authorized  |                    | 10. Shares Issued  |                               |                    |  | Check the box to indicate an attachment <input type="checkbox"/> |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |                    | NUMBER OF SHARES   |                               | CLASS/SERIES       | PAR VALUE  |  |
|   |                    | <b>1000</b>  |                               | <b>Common</b>      | <b>\$0.01</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. |                    |  |                               |                    |  |  |
| <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>Phillip Manning</b>   |                    |  |                               |                    | Date<br><b>2/28/2017</b>   |  |
| Signature of Authorized Representative<br><i>Phillip Manning</i>  |                    |  |                               |                    |  |  |

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

**MAR 28 2017**

FORM 630 - Revised: 02/2017

BY 3535 LD