



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

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 CORPORATIONS DIV
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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 1335293		2. Exact name of the Corporation Noris Medical, Inc.			
3. Principal Office Address 55 S Valle Verde Dr. Ste 245			City Henderson	State NV	Zip 89012
4. NAICS Code 423990		6. Brief description of the character of business conducted in Rhode Island Importing and Marketing of Dental Implants and accessories			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Rami Siev			Vice-President Name Rami Siev		
Street Address 55 S Valle Verde Dr., Ste 245			Street Address 55 Valle Verde Dr. Ste. 245		
City Henderson	State NV	Zip 89012	City Henderson	State NV	Zip 89012
Secretary Name Aharon Siev			Treasurer Name Aharon Siev		
Street Address 55 S Valle Verde Dr., Ste 245			Street Address 55 S Valle Verde Dr., Ste 245		
City Henderson	State NV	Zip 89012	City Henderson	State NV	Zip 89012
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Rami Siev			Director Name		
Street Address 55 S Valle Verde Dr., Ste 245			Street Address		
City Henderson	State NV	Zip 89012	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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 10	CLASS/SERIES Common	PAR VALUE 0.01
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 Aharon Siev				Date Jan 22/2018	
Signature of Authorized Representative 					

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FILED

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

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