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: 2018

1. Corporate ID No. 001335204

2. Name of Corporation DUNE MEDICAL DEVICES, INC.

3. Street Address Principal Business Office:

No. and Street: 43 LEOPARD ROAD
BUILDING 2, SUITE 302
City or Town: PAOLI State: PA Zip: 19301 Country: USA

4. Business Phone No.

484-320-7536

5. State of Incorporation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

339110

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

SALE OF MEDICAL DEVICES

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
CEO	LORI CHMURA	6120 WINWARD PKWY SUITE 160 ALPHARETTA, GA 30005 USA

CFO	LIOR ZRIHAN	20 ALON HATAVOR ST P.O. BOX 3131, BUSINESS PARK-SOUTH CAESAREA, 38900 ISL
DIRECTOR	GARY WEE	6120 WINWARD PKWY STE 160 ALPHARETTA, GA 30005 USA
DIRECTOR	AMOS GOREN	6120 WINWARD PKWY SUITE 160 ALPHARETTA, GA 30005 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CWP		$0.0100	100.00	100

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 28 Day of February, 2018 at 2:16:00 PM. *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 LIOR ZRIHAN
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07