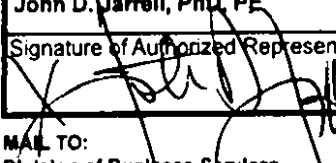




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

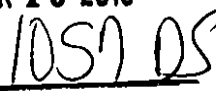
1. Entity ID Number 504488		2. Exact name of the Corporation Biointraface, Inc.			
3. Principal Office Address 1372 Main Street			City Coventry	State RI	Zip 02816
4. NAICS Code 812990		6. Brief description of the character of business conducted in Rhode Island Medical coding development and IP holding			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name John D. Jarrell, PhD, PE			Vice-President Name John D. Jarrell, PhD, PE		
Street Address 1921 Middle Road			Street Address 1921 Middle Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
Secretary Name John D. Jarrell, PhD, PE			Treasurer Name John D. Jarrell, PhD, PE		
Street Address 1921 Middle Road			Street Address 1921 Middle Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 ☐		
			NUMBER OF SHARES 1,188,750	CLASS/SERIES Common	PAR VALUE \$0.01 Par Value
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 John D. Jarrell, PhD, PE					Date
Signature of Authorized Representative 					

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 15 2018

BY



FORM 630 - Revised: 10/2017