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	2. Exact name of the Corporation			
504488	**Biointraface, Inc.**			
3. Principal Office Address		City	State	Zip
1372 Main Street		**Coventry**	**RI**	**02816**
4. NAICS Code **812990**	6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation **RI**	**Medical coding development and IP holding**			

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

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	CLASS/SERIES	PAR VALUE
1,188,750	**Common**	**$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	Date
John D. Jarrell, PhD, PE	

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 1057 DS

FORM 630 - Revised: 10/2017