



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 102716 | | 2. Exact name of the Corporation Third Wave Technology Inc. | | | | | | | | | | | | |
|--|--|--|-------------------------------|---|---------------------|------------------|--------------|-----------|-------------|---------------|---------------|--|--|--|
| 3. Principal Office Address 241 Howland Road | | | City East Greenwich | State RI | Zip 02818 | | | | | | | | | |
| 4. NAICS Code 5411090 | 6. Brief description of the character of business conducted in Rhode Island Consulting | | | | | | | | | | | | | |
| 5. State of Incorporation Rhode Island | | | | | | | | | | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| President Name Phillip Manning | | | Vice-President Name | | | | | | | | | | | |
| Street Address 241 Howland Road | | | Street Address | | | | | | | | | | | |
| City East Greenwich | State RI | Zip 02818 | 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. Changes require an additional filing. | | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1000</td> <td>Common</td> <td>\$0.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 1000 | Common | \$0.01 | | | |
| | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | | | | | | | | | | |
| 1000 | Common | \$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 Phillip Manning | | | | Date 3/1/2018 | | | | | | | | | | |
| Signature of Authorized Representative <i>Phillip Manning</i> | | | | FILED APR 02 2018 BY 3539 DS | | | | | | | | | | |
| SIGN DOCUMENT HERE | | | | | | | | | | | | | | |

MAIL TO:
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