



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 103506		2. Name of Corporation CryoWave Advanced Technology, Inc.			
3. Street Address Principal Business Office 58 WASHINGTON STREET			City PAWTUCKET	State RI	Zip 02860-
4. Business Phone No. 4017286488		5. State of Incorporation RHODE ISLAND			6. SIC Code 1883
7. Brief Description of the Character of Business Conducted in Rhode Island TO DESIGN, MANUFACTURE, FABRICATE, MARKET AND SELL GASEOUS WAVE MACHINERY PRODUCTS.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dr. Zhimin Hu			Vice President Name		
Street Address 58 Washington Street			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name			Treasurer Name Mei Zheng		
Street Address			Street Address 31 Fairfield Park		
City	State	Zip	City Mansfield	State MA	Zip 02048
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dr. Zhimin Hu			Director Name Dr. Mingliang Lu		
Street Address 58 Washington Street			Street Address 4 Drake Circle		
City Pawtucket	State RI	Zip 02860	City Sharon	State MA	Zip 02067
Director Name Anthony Delfino			Director Name		
Street Address 65 Temptrip			Street Address		
City Exeter	State RI	Zip 02822	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			1,000		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 0 3 5 0 6

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.

Signature of Officer

Dr. Zhimin Hu

Print or Type Name of Officer

President

Title of Officer

Date

04-15-2005

\*103506 DBC 04/15/05 10:14:02 AM\*

FILED

File Date  
APR 08 2005

Check No.

By: 1015

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Form 630 12/01



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 103506		2. Name of Corporation CryoWave Advanced Technology, Inc.			
3. Street Address Principal Business Office 58 Washington Street		City Pawtucket	State RI	Zip 02860	
4. Business Phone No. (401) 728-6488		5. State of Incorporation Rhode Island			6. SIC Code 1883
7. Brief Description of the Character of Business Conducted in Rhode Island To design, research, manufacture, market and sell gaseous wave energy recovery products					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Dr. Zhimin Hu		Vice President Name .			
Street Address 58 Washington Street		Street Address .			
City Pawtucket	State RI	Zip 02860	City .	State .	Zip .
Secretary Name .		Treasurer Name Mei Zheng			
Street Address .		Street Address 31 Fairfield Park			
City .	State .	Zip .	City Mansfield	State MA	Zip 02048
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Dr. Zhimin Hu		Director Name Dr. Mingliang Lu			
Street Address 58 Washington Street		Street Address 4 Drake Circle			
City Pawtucket	State RI	Zip 02860	City Sharon	State MA	Zip 01967
Director Name Anthony Delfino		Director Name .			
Street Address 65 Temptrip		Street Address .			
City Exeter	State RI	Zip 02822	City .	State .	Zip .
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	NO PAR VALUE		1,000		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 0 3 5 0 6

FILED  
File Date DEC 28 2004  
Check No. SV  
By [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 12-22-2004  
Signature of Officer Date  
Dr. Zhimin Hu  
Print or Type Name of Officer  
President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **103506** 2. Name of Corporation **CryoWave Advanced Technology, Inc.**  
3. Street Address Principal Business Office **58 Washington Street,** City **Pawtucket** State **RI** Zip **02860**  
4. Business Phone No. **(401) 728-6488** 5. State of Incorporation **RHODE ISLAND**  
6. SIC Code **1883**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**To design, Manufacture, Research, Market&sell gaseous wave energy products**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Dr. Zhimin Hu Ph.D.</b> Street Address <b>58 Washington Street</b> City <b>Pawtucket</b> State <b>RI</b> Zip <b>02860</b>	Vice President Name  Street Address  City  State  Zip
Secretary Name  Street Address  City  State  Zip	Treasurer Name <b>Mei Zheng</b> Street Address <b>31 Fairfield Park</b> City <b>Mansfield</b> State <b>MA</b> Zip <b>02048</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Dr. Zhimin Hu, Ph.D.</b> Street Address <b>58 Washington Street</b> City <b>Pawtucket</b> State <b>RI</b> Zip <b>02860</b>	Director Name <b>Dr. Mingliang Lu, Ph.D.</b> Street Address <b>4 Drake Circle</b> City <b>Sharon</b> State <b>MA</b> Zip <b>02067</b>
Director Name <b>Anthony Delfino</b> Street Address <b>65 Temptrip</b> City <b>Exeter</b> State <b>RI</b> Zip <b>02822</b>	

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>8,000 NO PAR VALUE</b>		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
<b>1,000</b>		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 3 5 0 6 \*

File Date: 2/24/03

Check No.: 1416

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature] Date 02/22/2003

**Dr. Zhimin Hu, Ph.D.**

Print or Type Name of Officer

**President**

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 103506 2. Name of Corporation CryoWave Advanced Technology, Inc.  
3. Street Address Principal Business Office 58 Washington STREET City Pawtucket State RI Zip 02860  
4. Business Phone No. (401) 728-6488 5. State of Incorporation RHODE ISLAND 6. SIC Code 1883

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

To design, manufacture, fabricate, market & sell gaseous wave energy products

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Dr. Zhimin Hu, Ph.D Vice President Name  
Street Address 58 Washington, Street Street Address  
City Pawtucket State RI Zip 02860 City State Zip  
Secretary Name Mei Zheng  
Street Address 58 Washington Street  
City Pawtucket State RI Zip 02860

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Dr. Zhimin Hu, Ph.D Director Name Dr. Mingliang Lu, Ph.D  
Street Address 58 Washington Street Street Address 4 Drake Circle  
City Pawtucket State RI Zip 02860 City Sharon State MA Zip 02067  
Director Name Anthony Delfino  
Street Address 65 Temptrip  
City Exeter State RI Zip 02822

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value  
8,000 NO PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value  
1,000

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 3 5 0 6 \*

File Date: 8-6-02

Check No.: 1278

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer 08/04/2002 Date

Dr. Zhimin Hu, Ph.D.

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/01



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **103506** 2. Name of Corporation **CryoWave Advanced Technology, Inc.**  
3. Street Address Principal Business Office **58 Washington Street ,** City **Pawtucket** State **RI** Zip **02860**  
4. Business Phone No. **(401)728-6488** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **1883**

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

To design,manufacture,fabricate,market & sell gaseous wave energy products

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name **Dr. Zhimin Hu, Ph.D** Vice President Name  
Street Address **58 Washington, Street** Street Address  
City **Pawtucket** State **RI** Zip **02860** City State Zip  
Secretary Name **Mei Zheng** Treasurer Name  
Street Address **58 Washington Street** Street Address  
City **Pawtucket** State **RI** Zip **02860** City State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name **Dr. Zhimin Hu, Ph.D.** Director Name **Dr. Mingliang Lu, Ph.D.**  
Street Address **58 Washington Street** Street Address **4 Drake Circle**  
City **Pawtucket** State **RI** Zip **02860** City **Sharon** State **MA** Zip **02067**  
Director Name **Anthony Delfino** Director Name  
Street Address **65 Temptrip** Street Address  
City **Exeter** State **RI** Zip **02822** City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

**8,000 NO PAR VALUE**

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

**1,000**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee.



\* 1 0 3 5 0 6 \*

File Date: 11-13-01

Check No.: 1248

By: 2

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature] Date 10/27/2001

Print or Type Name of Officer Dr. Zhimin Hu, Ph.D.

Title of Officer President



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.		2. Name of Corporation	
103506		CryoWave Advanced Technology, Inc.	
3. Street Address Principal Business Office		City	State
5 Aborn Street		Cranston	RI
4. Business Phone No.		5. State of Incorporation	
(401)941-2400		RHODE ISLAND	
7. Brief Description of the Character of Business Conducted in Rhode Island		6. SIC Code	
To design, manufacture, fabricate, market and sell gaseous wave machinery product		1883	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name		Vice President Name	
Dr. Zhimin Hu, Ph.D.			
Street Address		Street Address	
Five Aborn Street			
City	State	City	State
Cranston	RI		
Zip	02905	Zip	
Secretary Name		Treasurer Name	
		Zhimin Hu	
Street Address		Street Address	
		Five Aborn Street	
City	State	City	State
		Cranston	RI
Zip		Zip	02905
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Dr. Zhimin Hu, Ph.D.		Dr. Mingliang Lu, Ph. D.	
Street Address		Street Address	
Five Aborn Street		21 Adina Ter.	
City	State	City	State
Cranston	RI	Montville	NJ
Zip	02905	Zip	07045
Director Name		Director Name	
Anthony Delfino			
Street Address		Street Address	
65 Temptrip			
City	State	City	State
Exeter	RI		
Zip	02822	Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
8,000 NO PAR VALUE		1,000	None

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 0 3 5 0 6 \*

10/14

File Date: \_\_\_\_\_

Check No.: \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer \_\_\_\_\_ Date 09/20/00

Dr. Zhimin Hu, Ph.D.

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 2. Name of Corporation

103506

CryoWave Advanced Technology, Inc.

3. Street Address Principal Business Office

5 Aborn Street

City

Cranston

State

RI

Zip

02905

4. Business Phone No.

(401)941-2400

5. State of Incorporation

Rhode Island

6. SIC Code

1883

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

To design, manufacture, fabricate, market and sell gaseous wave machinery product

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name

Dr. Zhimin Hu, Ph.D.

Vice President Name

NONE

Street Address

Five Aborn Street

Street Address

City

Cranston

State

RI

Zip

02905

City

State

Zip

Secretary Name

NONE

Treasurer Name

Zhimin Hu

Street Address

Street Address

Five Aborn Street

City

Cranston

State

RI

Zip

02905

City

State

Zip

Cranston

RI

02905

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name

Dr. Zhimin Hu, Ph.D.

Director Name

Dr. Mingliang Lu, Ph. D.

Street Address

Five Aborn Street

Street Address

21 Adina Ter.

City

Cranston

State

RI

Zip

02905

City

State

Zip

Montville

NJ

07045

Director Name

Anthony Delfino

Director Name

Street Address

Street Address

65 Temptrip

City

Exeter

State

RI

Zip

02822

City

State

Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

8,000 NO PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 9/9/99

Check No.: 1080

By: Kuo

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

Dr. Zhimin Hu, Ph.D.

Print or Type Name of Officer

President

Title of Officer