

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. 2. Name of Corporation 103506 CryoWave Advanced Technology, Inc. 3. Street Address Principal Business Office State Zip City 58 WASHINGTON STREET PAWTUCKET RI 02860-4. Business Phone No. 6. SIC Code 5. State of Incorporation 1883 4017286488 **RHODE ISLAND** 1. Brief Description of the Character of Business Conducted in Rhode Island TO DESIGN, MANUFACTURE, PABRICATE, MARKET AND SELL GASEOUS WAVE MACHINERY PRODUCTS. 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 Street Address Street Address 58 Washington Street City State Zip Zip Pawtucket RΙ 02860 Secretary Name Treasurer Name Mei Zheng Street Address Street Address .31 Fairfield Park City City State State Zip Zip 02048 Mansfield MA 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Dr. Zhimin Hu Dr. Mingliang Lu Street Address Street Address 4 Drake Circle 58 Washington Street State Zip City State Zip ·City Sharon MA Pawtucket 02860 02067 RΙ Director Name Director Name Anthony Delfino Street Address ·Street Address 65 Temptrip City State City State 02822 Exeter RI 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES
Number of Shares **AUTHORIZED SHARES** Number of Shares Par Value Class/Series Par Value Class/Series 1,000 8,000 NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 coptomer herein are true and correct. *103506 DBC 04/15/05 14:02 AM* 04-15 File Date Signature of Officer APR 0 8 2005 Check No. Ɗr. Zhimin Hu Print or Type Name of Officer B٧ President FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 12/01



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

Form 630 12/01

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. 103506 CryoWave Advanced Technology, Inc. 3. Street Address Principal Business Office State 58 Washington Street Pawtucket RI 02860 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401)728-6488 Rhode Island 1883 7. Brief Description of the Charocter 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) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Dr. Zhimin Hu Street Address Street Address 58 Washington Street City State Zip City State Zip Pawtucket RI 02860 Secretary Name Treasurer Name Mei Zheng Street Address * Street Address .31 Fairfield Park City State Zip City State Zip . Mansfield MA 02048 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Dr. Zhimin Hu Dr. Mingliang Lu Street Address Street Address **足0** 58 Washington Street 4 Drake Circle Ciry State State Zip Cirv Pawtucket 02860 Sharon 02067 RI MA Director Name Director Name Anthony Delfino Street Address ·Sireei Address ज़ 65 Temptrip 7.ip 20 City State State Exeter RΙ 02822 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **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 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 before are true and correct. 12-27-2004 File Date DEC 28 2004 Signature of Officer Date Check No. Dr. Zhimin Hu Print or Type Name of Officer Bν President FOR SECRETARY OF STATE USE ONLY Title of Officer

2. Name of Corporation

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 103506

File Date:

Check No .: _

FOR SECRETARY OF STATE USE ONLY

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

CryoWave Advanced Technology, Inc.

03

401-222-3040

| 3. Street Address Principal Busine | ss Office | | City | State | Zip |
|---|---|---------------------------|---|--------------------------------------|---------------------------|
| 58 Washington Street, 4. Business Phone No. S. State | | 5. State of Incorporation | Pawtucket | RI | 02860 6. SIC Code |
| (401) 728-64 7. Brief Description of the Charac | 88 ter of Business Conducted in F | RHODE ISLAND | | | 1883 |
| To design, Manu 8. NAMES AND ADDRI President Name | | | Sell gaseous was CHMENT) FILL IN SPACES (Vice President Name | VE ENETGY PTO BEFORE USING ATTAC | |
| Street Address | Dr. Zhimin | Hu Ph.D. | Street Address | | |
| | 58 Washingt | on Street | | | |
| Pawtucket | State RI | ^{zip} 02860 | City | State | Zip |
| Secretary Name | • | | Treasurer Name | | ••• • • • |
| Street Address | | | Street Address | Zheng | _ |
| | | | | Fairfield Par | |
| City | State | Zip | CHy Mansfield | State MA | . 02048 |
| 9. NAMES AND ADDRI Director Name Dr. Zh | imin Hu, Ph. | | Director Name | ES BEFORE USING ATTA Mingliang Lu | |
| | hington Stre | et | 4 Drake C: | ircle | |
| City | State | , Zip | . City | State | Zip |
| Pawtucket Director Name | RI | 02860 | : Sharon Director Name | MA | 02067 |
| Anthor | y Delfino | | | | |
| Street Address | _ | | Street Address | | |
| 65 Ten | ptrip | | | | |
| City | State | Zip | City | State | Zip |
| Exeter 10. SHARES AUTHORIZ AUTHORIZED SHARES | RI LED (*x* box for attac | 02822 HMENT) | 11. SHARES ISSUED (| "X" BOX FOR ATTACHMENT | r) |
| 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 sig | gned in ink by eithe | r the President, Vice | President, Secretary, Assi | istant Secretary, Treas | urer, Receiver or Trustee |
| 111 | 1818) (1844 - Anion Juine Divis de la l | | | | |
| | | | | | |

President

Tute of Officer

5 Form 630 1202

Dr. Zhimin Hu, Ph.D.

Print or Type Name of Officer

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all tarements trained herein are true and correct.

02/22/2003 Date 2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)

3. Street Address Principal Business Office

1. Corporate ID No.

103506

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

Zio

State

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

CryoWave Advanced Technology, Inc.

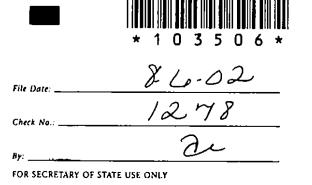
401-222-3040

58 Washington STREET Pawtucket RI 02860 4. ausiness Phone No. S. State of Incorporation 6. SIC Code 1883 RHODE ISLAND (401) 728-6488 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 Vice President Name Dr. Zhimin Hu. Ph.D Street Address Street Address 58 Washington, Street State City State Pawtucket RI 02860 Secretary Name Treasurer Name Mei Zheng Street Address Street Address 58 Washington Street City Z.ip City Zip 02860 Pawtucket RT 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Dr. Zhimin Hu, Mingliang Lu, Dr. Street Address Street Address 58 Washington Street Drake Circle Programme State City in the Zip State Pawtucket Paw RI 02860 02067 Sharon MA Director Name Director Name Anthony Delfino 3 Street Address Street Address 65 Temptrip City State Zip City State 210 Exeter RI 02822 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Series Par Value Number of Shores Class/Series Par Value 8,000 NO PAR VALUE 1,000

City

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

⇔ 5



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. 08/04/2002 Signature of Officer Dr. Zhimin Hu, Ph.D.

Print or Type Name of Officer

<u>President</u> Title of Officer

Form 630 12/01



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP
PLEASE READ INSTRUCTIONS

| FORM MUST BE TYPED IN BLA | ACK) | | | | |
|---|------------------------|--|--|-----------------------|------------------------------|
| 1. Corporate ID No. | 2. Name of Corporation | on . | | | |
| 103506 | CryoWave | Advanced Technolo | gy, Inc. | | |
| 3. Street Address Principal Ausiness | Office | | City | State | ZIp |
| 58 Washington ^{6. Business Phone No.} (401)728 | | 5. State of Incorporation RHODE ISLAND | Pawtucket | RI | 02860 6. SIC Code 1883 |
| 7. Brief Description of the Characte To design, mar | | Rhode Island bricate, market | & sell gaseou | s wave energy | products |
| B. NAMES AND ADDRES President Name | SSES OF THE OFFIC | CERS (*X* BOX FOR ATTACHM | ENT) FILL IN SPACES E Vice President Name | BEFORE USING ATTAC | HMENTS |
| Street Address | | 1.D | Street Address | | |
| o wasi City | nington, Str | Zip | City | State | Zip |
| Pawtucket Secretary Name | RI | 02860 | Treasurer Name | Jivie | |
| Street Address | | | Street Address Mei 58 Wasi | Zheng hington Stre | et |
| city | State | Zip | Pawtucket | State | zıp 02860 |
| 9. NAMES AND ADDRES Director Name | SSES OF THE DIREC | CTORS ("X" BOX FOR ATTAC | HMENT) FILL IN SPACE Director Name | S BEFORE USING ATTA | CHMENTS |
| Dr. Zh | imin Hu, 1 | Ph.D. | Dr. i | Mingliang Lu, | Ph.D. |
| Street Address | | | Street Address | | |
| 58 Was | hington Stre | eet ^{Zip} | 4 Dra | ake Circle State | Zip |
| Pawtucket Director Name | RI | 02860 | Sharon Director Name | MA | 02067 |
| Anthon | y Delfino | | Street Address | | |
| 65 Te | mptrip | | | | |
| City | State | Zip | City | State | ZIp |
| Exeter | RI | 02822 | | | |
| 10. SHARES AUTHORIZE AUTHORIZZO SHARES | ED (*X* BOX FOR ATTA | CHMENT) | 11. SHARES ISSUED (* ISSUED SHARES | X" BOX FOR ATTACHMENT |) |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Value |
| 8,000 NO PAR VA | LUE | | 1,000 | | |

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



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.

| that all statements contained nergin | are true and correct. |
|--|-----------------------|
| | |
| | 10/27/2001 |
| | 20/21/2001 |
| Company of the Control of the Contro | D-44 |

Date Date

Dr. Zhimin Hu, Ph.D.

President
Title of Officer

Form 630 12/00

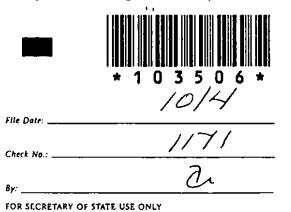
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

| CODIA MUCT DE TVDE | O DI BLACK) | | , | | | |
|-----------------------------|---|----------------|------------------------|----------------|----------------------------------|---------------|
| (FORM MUST BE TYPE | | of Corporation | | | | |
| 103506 | | | ced Technolog | y. Inc. | | |
| 3. Street Address Principa | | | | City | State | Zip |
| 5 Aborn St | | | | Cranst | | 02905 |
| 4. Business Phone No. | | 5. | State of Incorporation | CLUIIS | NI | 6. SIC Code |
| | (401)941- | | RHODE ISLAND | | | 1883 |
| 7. Brief Description of the | e Character of Business C | | sland | | | |
| To design. | manufacture | .fabrica | te.market a | nd sell | gaseous wave mach | inerv product |
| | | | | | IN SPACES BEFORE USING ATT | |
| Dr. | . Zhimin Hu | , Ph.D. | | | | |
| Street Address | • | • | | Street Address | | |
| Fiv | ve Aborn St | reet | | | | |
| City | State | Z | P | City | State | Zip |
| Cranston | n <u></u> | RI | 02905 | | | |
| Secretary Name | | | | Treasurer Name | | |
| | | | | | Zhimin Hu | |
| Street Address | | | | Street Address | Five Aborn Street | |
| City | T.a. | Z | - | Čity | State | Zip |
| City | State | • | <i>r</i> | City | Cranston RI | • |
| O NAMES AND A | INDESSES OF TH | IE DIDECTOD | S ("X" BOX FOR ATTAC | UMENT) ST | LL IN SPACES BEFORE USING A | 02905 |
| Director Name | IDDKE22F2 OF II | IL DIRECTOR | J (A BOX FOR ATTAC | Director Name | LE ET STACES BEFORE CSETO A | TACHMENTS |
| Dr. Z | himin Hu, | Ph.D. | | | Dr. Mingliang Lu, | Ph. D. |
| Street Address | · | | | Street Address | , | |
| Five | Aborn Stree | et | | | 21 Adina Ter. | |
| City | State | Z | P | City | State | ZIp |
| Crans | ton | RI | 02905 | | Montville NJ | 07045 |
| Director Name | | | | Director Name | | |
| | ny Delfino | | | | | |
| Street Address | | | | Street Address | | |
| | emptrip | _ | ı. | C 1. | • | - , |
| City | State | D.T. | 02822 | City | State | Zip |
| Exete | _ | RI | | 11 611400 | C ICCUED (and now and a service) | |
| AUTHORIZED SHARES | HORIZED (*x* BOX | FOR ATTACHMEN | 7) | II. SHAKE | S ISSUED (*X* BOX FOR ATTACHM | ENT) |
| Number of Shares | Class/Ser | ies Pi | r Value | Number of Sha | res Class/Series | Par Value |
| 8,000 NO PA | AR VALUE | | | 1 000 | None | |
| | ··· • • • • • • • • • • • • • • • • • • | | | 1,000 | None | |
| | | | | | | |

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

Title of Officer



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

| | 2/1 | | 09/20/00 |
|----------|------------|------------|----------|
| ignosale | billetter | | Date |
| | Dr. | Zhimin Hu. | Ph.D |
| int or T | ype Name o | of Officer | |
| | Pre | Sident | |
| tle of O | fficer | -aciic | |



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



| riiing reriou, juni | iury 1-march 1 | - Filling Fee. \$50.00 | | | | , |
|---|------------------|--------------------------------|------------------------------------|-----------------------|---------------------|---|
| (FORM MUST BE TYPED II | N BLACK) | | | | | |
| I. Corporate ID No. | 2. Name of Corp | oration | | - · | | |
| 103596 3. Street Address Principal Bu | | ve Advanced Te | chnology, Inc. | State | Zip | |
| 5 Aborn St | reet | | Cranston | RI | 02935 | |
| 4, Business Phone No. | (401)941-2 | 5. State of Incorporation 2400 | " Rhode Island | | 6. SIC Code 1883 | |
| 7. Brief Description of the Chi To design, | | | arket and sell ga | aseous wave m | achinery produc | t |
| 8. NAMES AND ADE President Name | PRESSES OF THE O | FFICERS ("X" BOX FOR ATT | ACHMENT) Vice President Name | | | |
| Dr. | Zhimin Hu, | Ph.D. | NON | Ε | | |
| Street Address | --, | | Street Address | | • | |
| | Aborn Street | • | | | | |
| City | State | Zip | City | State | Zip | |
| Cransto | n RI | 02905 | | | | |
| Secretary Name | • | • | Treasurer Name | • | · •• | |
| NONE | | | Zhimin H | u | | |
| Street Address | | | Street Address | | | |
| | | | | rn Street | 71- | |
| City | State | Zip | Cranston | State R I | zip 02905 | |
| O NAMES AND ADD | DESSES OF THE D | IRECTORS ("X" BOX FOR A | | 11.1 | 02707 | |
| Director Name | OKESSES OF THE D | IRECTORS OF BOX TOWN | Director Name | | | |
| Dr. Zh | imin Hu, Ph | n.D. | Dr. Mingli | ang Lu, Ph. | D. | |
| Street Address | • | | Street Address | _ | | |
| Five Ab | orn Street | | 21 Adina | Ter. | | |
| City | State | Zip | City | State | 21p | |
| Cransto | n RI | 02905 | Montville | NJ . | 07045 | |
| Director Name | | | Director Name | | | |
| Anthony | Delfino | | Street Address | | | |
| Street Address 65 Tem | ntrin | | Street Noorts | | | |
| City | ptrip State | Zip | City | State | Zip | |
| Exeter | RI | 02822 | · | | | |
| 10. SHARES AUTHO | | | 11. SHARES ISSUED (* ISSUED SHARES | "X" BOX FOR ATTACHMEN | IT) | |
| Number of Shares | Class/Series | Par Value | Number of Shares | Class/Series | Par Volue | |
| 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

| File Date: | 9/9/99 |
|------------------|----------|
| Check No.: | 1080 |
| Ву: | CHD (CH) |
| FOR SECRETARY OF | |

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.

| , | Min | بر | مزر | 08/31/99 |
|---------------------|--------|-----|------|----------|
| Signature of Office | | | | Date |
| Dr. | Zhimin | Hυ, | Ph.D |). |

Print or Type Name of Officer

President

Title of Officer