→ Filing period: January 1 - March 1 → Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by April 1. 2. Exact name of the Corporation 1. Entity ID Number C541714) AUTOGENOMICS, INC. 3. Principal Office Address City State Zip 92008 CA 1600 FARADAY AVENUE CARLSBAD 5. State of Incorporation 4. Business Phone Number 760-447-2248 6. Brief description of the character of business conducted in Rhode Island DNA TESTING Check the box to indicate an attachment 7. List ALL officers (names and addresses) Vice-President Name President Name Street Address Street Address City State Zip City Treasurer Name Secretary Name Street Address Street Address City State Zıp City State Zip List ALL directors (names and addresses) Check the box to indicate an attachment Director Name Director Name Street Address Street Address State City Zip City State Zip STMT 1 Check the box to indicate an attachment Shares Authorized 10. Shares Issued NUMBER OF SHARES CLASS/SERIES PAR VALUE This information is currently of record in the Department of State. COMMON 113955 Changes require an additional filing. 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 Talut Curring 2/7/14 Signature of Authorized Representative FAREED KURESHY

FORM 630 - Revised: 05/2016

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Corporation

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148 W. River Street, Providence, Rhode Island 02904-2615

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: _ 2019