



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

1. Corporate ID No. 001335204

2. Name of Corporation DUNE MEDICAL DEVICES, INC.

3. Street Address Principal Business Office:

No. and Street: 6120 WINDWARD PKWY
SUITE 160

City or Town: ALPHARETTA State: GA Zip: 30005 Country: USA

4. Business Phone No.

5. State of Incorporation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

339110

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

SALE OF MEDICAL DEVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
CEO	LORI CHMURA	6120 WINDWARD PKWY, SUITE 160 ALPHARETTA, GA 30005 USA

CFO	ALAN BOND	6120 WINDWARD PKWY, SUITE 160 ALPHARETTA, GA 30005 USA
DIRECTOR	ALEJANDRO SANCHEZ	118 DOLPHIN HOUSE, 80 SHEDDEN ROAD, PO BOX 1817 GRAND CAYMAN, KY1-1109 CYM
DIRECTOR	AMOS GOREN	5 KEHILAT PADOVA STREET TEL AVIV, 69404 ISR
DIRECTOR	BILL SCALUZILLI	ONE PATRIOT PLACE FOXBOROUGH, MA 02035 USA
DIRECTOR	DAN J LEVANGIE	120 COMMONWEALTH AVENUE BOSTON, MA 02116 USA
DIRECTOR	LORI CHMURA	6120 WINDWARD PKWY, SUITE 160 ALPHARETTA, GA 30005 USA
DIRECTOR	PAUL ENEVER	118 DOLPHIN HOUSE, 80 SHEDDEN ROAD, PO BOX 1817 GRAND CAYMAN, KY1-1109 CYM

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0100	100.00	100

9. 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.

Signed this 28 Day of February, 2019 at 9:06:52 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By LORI CHMURA
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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