



State of Rhode Island  
**Department of State - Business Services Division**

**Annual Report for the year: 2017**  
**Corporation**

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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 BUS. SERVICES DIV.  
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1. Entity ID Number <b>000791856</b>		2. Exact name of the Corporation <b>Kairos Surgical Inc</b>			
3. Principal Office Address 115 Flanders Road, Suite 130			City Westborough	State MA	Zip 01581
4. NAICS Code 423450		6. Brief description of the character of business conducted in Rhode Island Medical Sales			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name David Foley			Vice-President Name Louis Fraulo		
Street Address 22 Lawton Lane			Street Address 226 Pond St		
City Foxboro	State MA	Zip 02035	City Hopkinton	State MA	Zip 01748
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name David Foley			Director Name Louis Fraulo		
Street Address 22 Lawton Lane			Street Address 226 Pond St		
City Foxboro	State MA	Zip 02035	City Hopkinton	State MA	Zip 01748
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			CLASS/SERIES		
			10000	Common	No Par Value
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 David Foley					Date 6-22-21
Signature of Authorized Representative <i>David Foley</i>					

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**FILED**

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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