



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

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

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. ID No. 001711252

2. Exact Name of the Limited Liability Company ProCelula, LLC

3. State of Formation

State: RI

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.

541990

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

PROCELULA LLC IS A BIOTECHNOLOGY COMPANY SPECIALIZING IN THE RESEARCH AND DEVELOPMENT OF INNOVATIVE ANTIMICROBIAL COATINGS. INCREASINGLY, GLOBAL INTERCONNECTEDNESS AND RESULTING BACTERIAL AND VIRAL SPREAD HAS LED TO A NEED FOR BETTER INFECTION CONTROL ON SURFACES. HOWEVER, COATINGS ON THE MARKET TODAY ARE OFTEN EXPENSIVE AND DIFFICULT TO APPLY. PROCELULA LLC SEEKS TO FILL THE CURRENTLY UNMET MARKET NEED OF CREATING LONG LASTING, INEXPENSIVE ANTIBACTERIAL AND ANTIVIRAL COATINGS WITH SIMPLE METHODS OF APPLICATION. IT WILL ACCOMPLISH THESE GOALS BY MODIFYING COATING HYDROPHILICITY, ROUGHNESS, AND POROSITY TO TARGET BACTERIAL ADHESION AND VIRAL ADSORPTION.

5. Principal Office Address

No. and Street: 400 WESTMINSTER STREET SUITE 200

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: US

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: MARY C MACHADO Contact Title:

No. and Street: 26 LUCAS RD.

City or Town: EAST GREENWICH

State: RI

Zip: 02818

Country: US

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	MARY C MACHADO	26 LUCAS RD. EAST GREENWICH, RI 02818 US

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

TOBIAS LEDERBERG 400 WESTMINSTER STREET SUITE 200 PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 29 Day of November, 2021 at 2:58:20 PM by the authorized person. 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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By MARY C MACHADO

Signature of Authorized Person

Form No. 632
Revised 09/07

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