



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
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 SVCS DIV
2021 DEC 16 A 9:30

1. Entity ID Number 001703646		2. Exact name of the Corporation Sci-Layne Inc			
3. Principal Office Address 225 Dyer Street			City Providence	State RI	Zip 02903
4. NAICS Code 325414 / 541713		6. Brief description of the character of business conducted in Rhode Island Thyroid Diagnostics - real time wearable solutions for variable daily dosing for hypothyroid patients			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Serge Njamfa			Vice-President Name Bambi Layne Corrigan (Founder)		
Street Address 4024 Emerald Street Unit 215			Street Address 52 Valley Street Suite 113		
City Torrance	State CA	Zip 90503	City Providence	State RI	Zip 02909
Secretary Name Wend Machmuller			Treasurer Name Bambi Layne Corrigan		
Street Address 110 Walnut Street			Street Address 52 Valley Street Suite 113		
City Brookline	State MA	Zip 02445	City Providence	State RI	Zip 02909
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael C Malarkey			Director Name		
Street Address 4413 Maple Avenue			Street Address		
City Bethesda	State MD	Zip 20814	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			1000	CWP	0.0100
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 Bambi Layne Corrigan				Date 10DEC2021	
Signature of Authorized Representative 10 Dec 2021					

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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