RI SOS Filing Number: 202216811180 Date: 4/25/2022 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

FILED

APR 25 2022

BY

Annual Report for the year: 2022

Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation
001670201	KRUSS Scientific Instruments, Inc.

3. Principal Office Address	City	State	Zip
1020 Crews Road, Suite K	Matthews	NC	28105

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
423490	Sell and support analytical lab equipment
5. State of Incorporation	
NC	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Michael Ferraco	none
Street Address: 1020 Crews Road, Suie K	Street Address: none
City: Matthews / State: NC / Zip: 28105	City: none / State: none / Zip: none
Secretary Name: none	Treasurer Name: none
Street Address: none	Street Address: none
City: none / State: none / Zip: none	City: none / State: none / Zip: none

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
none	none
Street Address: none	Street Address: none
City: none / State: none / Zip: none	City: none / State: none / Zip: none
Director Name: none	Director Name: none
Street Address: none	Street Address: none
City: none / State: none / Zip: none	City: none / State: none / Zip: none

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
none	none	none
none	none	none

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	Date
Andrew DiFilippantonio	4/21/22

Signature of Authorized Representative

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov