



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2022
Corporation

APR 25 2022
BY

- 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 001670201		2. Exact name of the Corporation KRUSS Scientific Instruments, Inc.			
3. Principal Office Address 1020 Crews Road, Suite K			City Matthews	State NC	Zip 28105
4. NAICS Code 423490		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
President Name Michael Ferraco			Vice-President Name none		
Street Address 1020 Crews Road, Suite 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 <input type="checkbox"/>					
Director Name none			Director Name 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		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			
		none	none	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 Andrew DiFilippantonio				Date 4/21/22	
Signature of Authorized Representative 					

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