



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2023**
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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1 Entity ID Number 001723586		2 Exact name of the Corporation Charles River Analytics, Inc.			
3. Principal Office Address 625 Mt. Auburn Street		City Cambridge		State MA	Zip 02138
4. NAICS Code 541715		6. Brief description of the character of business conducted in Rhode Island R&D software and hardware development			
5. State of Incorporation MA					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Karen Harper			Vice-President Name		
Street Address 309 Prospect Hill Rd.			Street Address		
City Waltham	State MA	Zip 02451	City	State	Zip
Secretary Name Donald Reynolds			Treasurer Name Donald Reynolds		
Street Address 245 Linden St.			Street Address 245 Linden St.		
City Boylston	State MA	Zip 01505	City Boylston	State MA	Zip 01505
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Theodore C. Fichtl			Director Name C. Lawrence Meador		
Street Address 2017 Chantilly Dr.			Street Address 85 Speen St.		
City Sierra Vista	State AZ	Zip 85635	City Framingham	State MA	Zip 01707
Director Name Mica Endsley			Director Name		
Street Address 8787 East Lost Gold Circle			Street Address		
City Gold Canyon	State AZ	Zip 85118	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			1000000 0		
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 Donald Reynolds				Date 2/7/2023	
Signature of Authorized Representative <i>Donald Reynolds</i> HERE 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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FORM 630 - Revised: 10/2017