	State of Rhode		Fee: \$50.00				
~	Office of the Secreta	-					
	Division Of Busines 148 W. River S						
1/26	Providence RI 029						
	(401) 222-30	40					
Foreign Business Corpora Annual Report	tion						
Filing Period: February 1 - May	1						
In accordance with R.I.G.L. 7-1 file its annual report within thirt							
(R.I.G.L. 7-1.2-1501(c&d)) is su							
ANNUAL REPORT YEAR: 202	3						
1. Corporate ID No. 00076	0946						
2. Name of Corporation Inter	rad Medical Inc						
3. Street Address Principal B	usiness Office:						
No. and Street: <u>181 CHESH</u>	IRE LANE N, SUITE 100						
City or Town: <u>PLYMOUT</u>	<u>1</u>	State: <u>MN</u> Zip: <u>5544</u>	<u>1</u> Country: <u>USA</u>				
4. Business Phone No.							
5. State of Incorporation							
State: <u>DE</u>							
	ARTICLE III						
Enter the six digit NAICS Code	•	•	by the entity.				
Download the list of codes <u>her</u>	e. More information on NAIC	<u>CS</u> can be found online.					
<u>339112</u>							
6. Brief Description of the Ch	6. Brief Description of the Character of Business Conducted in Rhode Island						
MANUFACTURE AND SAI	MANUFACTURE AND SALE OF MEDICAL DEVICES						
7. Names and Addresses of t	ne Officers and Directors:						
All officers and directors must be listed.							
Title	Individual Name	Addres					
ļ	First, Middle, Last, Suffix	Address, City or Town, State	e, Zip Code, Country				

CFO	NANCY J NESS	181 CHESHIRE LANE N, SUITE 100 PLYMOUTH, MN 55441 USA
DIRECTOR/SECRETARY	MICHAEL ROSENBERG	181 CHESHIRE LANE N, SUITE 100 PLYMOUTH, MN 55441 USA
DIRECTOR/PRESIDENT /CEO/TREASURER	JOSEPH M GOLDBERGER	181 CHESHIRE LANE N, SUITE 100 PLYMOUTH, MN 55441 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CWP		\$0.0001	50,000,000.00	27789068
PWP	A,B,C	\$0.0001	50,000,000.00	0

9. 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.

Signed this 23 Day of March, 2023 at 2:58:27 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By LARS FOX

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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