



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2023**

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

APR 26 2023

BY 1048

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1. Entity ID Number 001741079		2. Exact name of the Corporation Neuroplex Industries, Inc.			
3. Principal Office Address 1140 Reservoir Avenue		City Cranston		State RI	Zip 02920
4. NAICS Code 541000		6. Brief description of the character of business conducted in Rhode Island Medical Technology Company			
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 Helen Karimi			Vice-President Name Robert A. Beer, II		
Street Address 28 Deirdra Court			Street Address 28 Deirdra Court		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Secretary Name Helen Karimi			Treasurer Name Robert A. Beer, II		
Street Address 28 Deirdra Court			Street Address 28 Deirdra Court		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Helen Karimi			Director Name Robert A. Beer, II		
Street Address 28 Deirdra Court			Street Address 28 Deirdra Court		
City Warwick	State RI	Zip 02889	City Warwick	State RI	Zip 02889
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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	
1,000		CNP		\$0.0000	
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 Robert A. Beer, II					Date 4-2-23
Signature of Authorized Representative Robert A. Beer II					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 2/2023