



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**

**JUN 02 2023**

BY 5098

1. Entity ID Number <b>501519</b>		2. Exact name of the Corporation <b>BioProcess, Inc.</b>	
3. Principal Office Address <b>376 Dry Bridge Drive</b>		City <b>North Kingstown</b>	State <b>RI</b>
		Zip <b>02852</b>	
4. NAICS Code <b>541380</b>	6. Brief description of the character of business conducted in Rhode Island <b>Consulting, testing and Training in the BioProcess Industry</b>		
5. State of Incorporation <b>Rhode Island</b>			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name <b>James Dean Vogel</b>		Vice-President Name <b>James Dean Vogel</b>	
Street Address <b>45 Riverside Drive</b>		Street Address <b>45 Riverside Drive</b>	
City <b>South Kingstown</b>	State <b>RI</b>	City <b>South Kingstown</b>	State <b>RI</b>
Zip <b>02879</b>		Zip <b>02879</b>	
Secretary Name <b>James Dean Vogel</b>		Treasurer Name <b>James Dean Vogel</b>	
Street Address <b>45 Riverside Drive</b>		Street Address <b>45 Riverside Drive</b>	
City <b>South Kingstown</b>	State <b>RI</b>	City <b>South Kingstown</b>	State <b>RI</b>
Zip <b>02879</b>		Zip <b>02879</b>	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <b>NONE</b>		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		<b>600</b>	<b>Common</b>
			<b>No Par</b>
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. <i>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.</i>			
Name of Authorized Representative <b>James Dean Vogel</b>			Date <b>30 April 2023</b>
Signature of Authorized Representative <i>James Dean Vogel</i>			

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