



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024  
Corporation

**FILED**  
MAR 19 2024  
BY 1065

- 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 <b>504488</b>		2. Exact name of the Corporation <b>Biointraface, Inc.</b>			
3. Principal Office Address <b>1372 Main Street</b>			City <b>Coventry</b>	State <b>RI</b>	Zip <b>02816</b>
4. NAICS Code <b>541700</b>		6. Brief description of the character of business conducted in Rhode Island <b>Medical Coding Development and IP Holding</b>			
5. State of Incorporation <b>RI</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>John D. Jarrell, PhD, PE</b>			Vice-President Name <b>John D. Jarrell, PhD, PE</b>		
Street Address <b>1921 Middle Road</b>			Street Address <b>1921 Middle Road</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>John D. Jarrell, PhD, PE</b>			Treasurer Name <b>John D. Jarrell, PhD, PE</b>		
Street Address <b>1921 Middle Road</b>			Street Address <b>1921 Middle Road</b>		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</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 <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	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	
		1,188,750		Common	
				PAR VALUE	
				\$0.01 Par Value	
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. <b>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.</b>					
Name of Authorized Representative <b>John D. Jarrell, PhD, PE</b>				Date <b>1/24/2024</b>	
Signature of Authorized Representative 					

MAIL TO:  
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