	State of Rhode	laland	Fee: \$50.00					
	Office of the Secret		Fee: \$50.00					
	Division Of Busines	s Services						
	148 W. River Street							
	Providence RI 029							
1636	(401) 222-30	940						
Foreign Business Corpo	ration							
Annual Report Filing Period: February 1 - M	av 1							
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law								
(R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.								
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024								
1. Corporate ID No. 001	<u>699215</u>							
2. Name of Corporation <u>ACUTIS DIAGNOSTICS, INC.</u>								
3. Street Address Principa	Business Office:							
No. and Street: 400	KARIN LN							
City or Town: <u>HIC</u>	<u>KSVILLE</u> State: <u>NY</u>	Zip: <u>11801</u>	Country: <u>USA</u>					
4. Business Phone No.	4 Business Phone No							
5. State of Incorporation	5. State of Incorporation							
State: <u>NY</u>								
	NAICS CODE							
-	de that best describes the prin	•						
Download the list of codes h	<u>ere.</u> More information on <u>NAI</u>	<u>38</u> can be found onli	ne.					
<u>621511</u>								
6 Brief Description of the (haracter of Business Condu							
	6. Brief Description of the Character of Business Conducted in Rhode Island							
<i>c</i> 01511								
021011	<u>621511</u>							
7. Names and Addresses of the Officers and Directors:								
All officers and directors must be listed.								
Title	Individual Name	bb&	Iress					
	First, Middle, Last, Suffix		State, Zip Code, Country					
1								

PRESIDENT	LISA MCGRORY	400 KARIN LN HICKSVILLE, NY 11801 USA
TREASURER	LISA MCGRORY	400 KARIN LN HICKSVILLE, NY 11801 USA
SECRETARY	LISA MCGRORY	400 KARIN LN HICKSVILLE, NY 11801 USA
VICE PRESIDENT	LISA MCGRORY	400 KARIN LN HICKSVILLE, NY 11801 USA
DIRECTOR	LISA MCGRORY	400 KARIN LN HICKSVILLE, NY 11801 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>
CNP		\$0.0000	100.00	100

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 8 Day of April, 2024 at 3:01:20 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 LISA MCGRORY

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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