



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
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
STAMP
APR 16 2024

BY 10530

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	City Warwick	State RI
Zip 02889		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	City Warwick	State RI
Zip 02889		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	City Warwick	State RI
Zip 02889		Zip 02889	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued 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.		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 2/25/2024	
Signature of Authorized Representative <i>Robert A. Beer II</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