



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 <b>001741079</b>	2. Exact name of the Corporation <b>Neuroplex Industries, Inc.</b>
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3. Principal Office Address <b>1140 Reservoir Avenue</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>
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4. NAICS Code <b>541000</b>	5. State of Incorporation <b>Rhode Island</b>	6. Brief description of the character of business conducted in Rhode Island <b>Medical Technology Company</b>
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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>Helen Karimi</b>			Vice-President Name <b>Robert A. Beer, II</b>		
Street Address <b>28 Deirdra Court</b>			Street Address <b>28 Deirdra Court</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>
Secretary Name <b>Helen Karimi</b>			Treasurer Name <b>Robert A. Beer, II</b>		
Street Address <b>28 Deirdra Court</b>			Street Address <b>28 Deirdra Court</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</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>Helen Karimi</b>			Director Name <b>Robert A. Beer, II</b>		
Street Address <b>28 Deirdra Court</b>			Street Address <b>28 Deirdra Court</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02889</b>
Director Name			Director Name		
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	PAR VALUE
	<b>1,000</b>	<b>CNP</b>	<b>\$0.0000</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.

**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 <b>Robert A. Beer, II</b>	Date <b>2/25/2024</b>
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Signature of Authorized Representative <i>Robert A. Beer II</i>
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MAIL TO:  
Division of Business Services  
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Phone: (401) 222-3040  
Website: www.sos.ri.gov