



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.

REC'D RIDGOS BSD
24 JUL 1 AM 9:33:47

1. Entity ID Number 001746175		2. Exact name of the Corporation Research Instruments Corporatoin			
3. Principal Office Address 275 Promendae Street, Ste 126			City Providence	State RI	Zip 02908
4. NAICS Code 541990		6. Brief description of the character of business conducted in Rhode Island Perform R&D of Tabletop X-ray Generation Platform			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Christoph Ross-Petruck			Vice-President Name		
Street Address 6 Howard Street			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name Daniel DeCiccio			Treasurer Name		
Street Address 154 Irving Ave #2B			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Daniel DeCiccio			Director Name Christoph Rose-Petruck		
Street Address 154 Irving Ave 2B			Street Address 6 Howard Street		
City Providence RI	State RI	Zip 02906	City Barrington	State RI	Zip 02806
Director Name Keith Bisogno			Director Name		
Street Address 35 Hickory Lane			Street Address		
City Whitinsville	State MA	Zip 01588	City	State	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
		5,000,000		Common	00001
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 Daniel DeCiccio				Date 06-30-2024	
Signature of Authorized Representative 				FILED JUL 01 2024 BY JTK/EM	

MAIL TO:
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