



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:

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 RI SOS BSD  
24 AUG 15 PM 3:22:4

1. Entity ID Number <b>001751720</b>		2. Exact name of the Corporation <b>BrachyClip Inc</b>			
3. Principal Office Address <b>1100 Mineral Spring Avenue</b>			City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>
4. NAICS Code <b>339112</b>		6. Brief description of the character of business conducted in Rhode Island <b>Radiation Oncology Product Development</b>			
5. State of Incorporation <b>Rhode Island</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>Gregory A. Mercurio Jr.</b>			Vice-President Name		
Street Address <b>1100 Mineral Spring Avenue</b>			Street Address		
City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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>0</b>		
			<b>01</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. <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>Gregory A. Mercurio Jr.</b>					Date <b>8-15-24</b>
Signature of Authorized Representative <b>Gregory A. Mercurio Jr.</b>					

FILED

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

AUG 15 2024

BY **49Q025**

FORM 630- Revised 12/2023