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	State of Rhode Island					AREA AREA		
	Department of State - Business Services Division						ର୍ଚ୍ଚି ପ୍ର	
Annual Report for the year:						58		
Corporation						- F-30 SDS		
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00							850 8:22:	
Penalty: Additional \$25.00 fee if form is not filed by May 31.							2.5	
1. Entity	ID Number	2. Exact name of		-				
DOINSIAD BrachyClip Inc								
3. Principal Office Address					<u> </u>	State	Zip	
110 4. NAICS	O Mineral S	6. Brief description	en of the character	Nach of busines	Travidance	Iand	109904	
5. State of Incorporation Radiction Oncology Product Development								
7. List ALL officers (names and addresses) Check the box to indicate an attachment								
Pre-president Name Vice-President Name Vice-President Name								
Graçon A. Marcurio J.								
Street Address Mineral Spring Alenne				Street Address				
981		State 17	0390 y	City		State	Zip	
Secretary	Name	1 161	109404	Treasurer	Name			
Street Address				Street Address				
City		State	Zip	City		State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment								
Director Name Director Name								
Street Address				Street Address				
One Critical Control of Control o				Street Address				
City		State	Zip	City		State	Zip	
Director Name			•	Director Name				
Street Address				Charles and a second a second and a second a				
Sileet Modless				Street Address				
City		State	Zip	City		State	Zip	
	s Authorized	• • • • • • • • • • • • • • • • • • •	10. Shares Issue			x to indicate	an attachment 🔲	
This information is currently of record in the NUMBER C Department of State.				IARES	CLASS/SERIES		PAR VALUE	
			()				.01	
Changes require an additional filing.								
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a re-								
ceiver 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						Date		
Sylling						9-15-24		
Signature of Authorized Representative FILED								
Crecos A. Mercurio de								
MAIL TO:	WAIL TO: AUG 1 5 2024							

Division of Business Services

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