



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 RI SOS BSD  
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1. Entity ID Number 001760138		2. Exact name of the Corporation Walah Scientific, Inc.			
3. Principal Office Address 1 Virginia Avenue, Suite 103			City Providence	State RI	Zip 02905
4. NAICS Code 541714	6. Brief description of the character of business conducted in Rhode Island Research and Development in Life Science				
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Vikram Chaudhery			Vice-President Name		
Street Address 3201 Ash Street			Street Address		
City Palo Alto	State CA	Zip 94306	City	State	Zip
Secretary Name Vikram Chaudhery			Treasurer Name		
Street Address 3201 Ash Street			Street Address		
City Palo Alto	State CA	Zip 94306	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Vikram Chaudhery			Director Name		
Street Address 3201 Ash Street			Street Address		
City Palo Alto	State CA	Zip 94306	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		10,000,000 (auth)	Common	.00001	
		5,650,000 (issued)	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 Carol J. Tillis				Date 11/25/24	
Signature of Authorized Representative Carol J. Tillis					

FILED

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