



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECORDED
28 FEB 20 PM 4:05:42
OR
DEPARTMENT OF STATE
FILE ONLY

1. Entity ID Number 001751220		2. Exact name of the Corporation BrachyClip Inc.			
3. Principal Office Address 1100 Mineral Spring Avenue		City North Providence	State RI	Zip 02904	
4. NAICS Code 339112		6. Brief description of the character of business conducted in Rhode Island Radiation Oncology Product Development			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Gregory A. Mercurio Jr.			Vice-President Name		
Street Address 1100 Mineral Spring Avenue			Street Address		
City North Providence	State RI	Zip 02904	City	State	Zip
Secretary Name			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 <input type="checkbox"/>					
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 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		
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			.0001		
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 Gregory A. Mercurio Jr.			FILED		Date 2-20-25
Signature of Authorized Representative <i>[Signature]</i>			FEB 20 2025 ESY2W		

MAIL TO:
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Website: www.sos.ri.gov