



**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.

23
 2025
 3/27/25
 11:31 AM

1. Entity ID Number 000799591		2. Exact name of the Corporation nContact Surgical, Inc.			
3. Principal Office Address 7555 Innovation Way			City Mason	State OH	Zip 45040
4. NAICS Code 339110		6. Brief description of the character of business conducted in Rhode Island No operations since 2015. The company previously sold medical devices to hospitals.			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name None			Vice-President Name Justin Noznesky		
Street Address			Street Address 7555 Innovation Way		
City	State	Zip	City Mason	State Ohio	Zip 45040
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 None			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 checked="" 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			
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 Justin Noznesky				Date Mar 25, 2025	
Signature of Authorized Representative <u>Justin Noznesky</u> <small>JUST - Noznesky (Mar 25, 2025 09:45 CDT)</small>				FILED MAR 27 2025 BY 30510 AA - 11:31 AM	

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

<u>Class of Stock</u>	<u>Series</u>	<u>Par Value Per Share</u>	<u>Total Authorized</u>	<u>Total Issued and Outstanding</u>
Preferred	B	\$0.0000	2,619,080	0
Preferred	D	\$0.0000	4,464,726	0
Preferred	D-1	\$0.0000	3,491,620	0
Common		\$0.0000	20,696,284	0
Preferred	C	\$0.0000	2,282,981	0
Preferred	C-1	\$0.0000	1,289,210	0
Preferred	A	\$0.0000	2,755,372	0