



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.

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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name None		Vice-President Name Justin Noznesky			
Street Address		Street Address 7555 Innovation Way			
City	State	Zip	City	State	Zip
			Mason	Ohio	45040
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 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 <span style="float: right;">Check the box to indicate an attachment <input checked="" 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	
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 Justin Noznesky				Date Mar 25, 2025	
Signature of Authorized Representative <u>Justin Noznesky</u> <small>JUST - Noznesky (Mar 25, 2025 09:45 CDT)</small>					

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

FILED  
MAR 27 2025  
BY 30512  
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<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