



**State of Rhode Island  
Department of State - Business Services Division**

Annual Report for the year: 2020

**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 PROCS 200  
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1. Entity ID Number <b>000799591</b>		2. Exact name of the Corporation <b>nContact Surgical, Inc.</b>			
3. Principal Office Address <b>7555 Innovation Way</b>			City <b>Mason</b>	State <b>OH</b>	Zip <b>45040</b>
4. NAICS Code <b>339110</b>		6. Brief description of the character of business conducted in Rhode Island <b>No operations since 2015. The company previously sold medical devices to hospitals.</b>			
5. State of Incorporation <b>Delaware</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>None</b>			Vice-President Name <b>Justin Noznesky</b>		
Street Address			Street Address <b>7555 Innovation Way</b>		
City	State	Zip	City	State	Zip
			<b>Mason</b>	<b>Ohio</b>	<b>45040</b>
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 <b>None</b>			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 <b>Justin Noznesky</b>				Date <b>Mar 25, 2025</b>	
Signature of Authorized Representative <u><i>Justin Noznesky</i></u> <small>Justin Noznesky (Mar 25, 2025 09:35:01)</small>				<b>FILED</b>	

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

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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