



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.

REC'D RI SOS BSD
25 APR 11 PM 3:00:27
STATE OF RHODE ISLAND
DEPT. OF STATE

1. Entity ID Number 001756088		2. Exact name of the Corporation Iantrek, Inc.			
3. Principal Office Address 151 East Post Road, Suite 111			City White Plains	State NY	Zip 10601
4. NAICS Code 339110		6. Brief description of the character of business conducted in Rhode Island Research development, clinical testing, and commercial sale of surgical devices.			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Tsontcho Ianchulev			Vice-President Name NONE		
Street Address 14 Justin Road			Street Address		
City Harrison	State NY	Zip 10528	City	State	Zip
Secretary Name Tsontcho Ianchulev			Treasurer Name Tsontcho Ianchulev		
Street Address 14 Justin Road			Street Address 14 Justin Road		
City Harrison	State NY	Zip 10528	City Harrison	State NY	Zip 10528
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Tsontcho Ianchulev			Director Name James Mazzo		
Street Address 14 Justin Road			Street Address 2576 Monaco Drive		
City Harrison	State NY	Zip 10528	City Laguna Beach	State CA	Zip 92651
Director Name Robert Weinreb			Director Name Jeffry Weinhuff		
Street Address 6081 Via Posada Del Norte			Street Address 65 Enterprise		
City Rancho Santa Fe	State CA	Zip 92067	City Aliso Viejo	State CA	Zip 92656
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
		8,000,000		CWP / A	\$ 0.0010
		842,340		PWP / A-1	\$ 0.0010
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 Mike Haydin				Date 2/20/285	
Signature of Authorized Representative 					

FILED

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

APR 11 2025
BY **KW 13M**
AA 3:02 PM
FORM 630 Revised 12/2023

ENTITY ID NUMBER: 001756088

8. List ALL directors (cont.)

Director Name: Marc-Andre Marcotte

Address: 1010 Sherbrook St. West, No. 1610

Montreal, Quebec H3A 2R7 Canada

Director Name: Farrell Tyson II

Address: PO Box 100181

Cape Coral, FL 33910

ENTITY ID NUMBER: 001756088

9. Shares Authorized (continued)

Number of Shares	Class/ Series	Par Value
2,856,760	PWP / B	\$ 0.0010