RI SOS Filing Number: 202569884110 Date: 4/11/2025 3:01:00 PM

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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	2. Exact name of the Corporation
001756088	Iantrek, Inc.

3. Principal Office Address	City	State	Zip
151 East Post Road, Suite 111	White Plains	NY	10601

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
339110	Research development, clinical testing, and comercial sale of surgical devices.
5. State of Incorporation: DE	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Tsontcho Ianchulev	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 ☑

Director Name	Director Name
Tsontcho Ianchulev	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

This Information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☑

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	Date
Mike Haydin	2/20/25

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

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BY KW 3:01 PM AA

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