

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

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→ Penalty: Additional \$25.00 fee if form is not filed by May 31.							
Entity ID Number	2. Exact name of the Corporation						
001756088	lantrek, Inc.						
3. Principal Office Address	•		City		State	Zip	
151 East Post Road, Suite 111		White f	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						
5. State of Incorporation	devices.						
DE							
7. List ALL officers (names and addresses) Check the box to indicate an attachment							
President Name Tsontcho lanchulev			Vice-President Name NONE				
Street Address 14 Justin Road			Street Address				
City Harrison	State NY	^{Zip} 10528	City		State	Zip	
Coording, Name	<u> </u>	10020	Transurar N	Jamo			
Secretary Name Tsontcho lanchulev			Treasurer Name Tsontcho lanchulev				
Street Address 14 Justin Road			Street Address 14 Justin Road				
^{City} Harrison	State NY	^{Zip} 10528	City Harr	ison	State NY	Zip 10528	
8. List ALL directors (names and ac	dresses)				ox to indicate	an attachment 🗹	
Director Name Tsontcho lanchulev			Director Name James Mazzo				
Street Address 14 Justin Road			Street Address 2576 Monaco Drive				
^{City} Harrison	State NY	^{Zip} 10528	City Lag	una 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	I .		State CA	Zip 92656	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment					
This information is currently of record in the "NUMBER			SHARES CLASS/SFRIFS PAR VALUE				
Department of State. Changes require an additional filing.		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 re-							
ceiver 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					2/20/25		
Signature of Authorized Representative							
FILED							
MAII 70:							

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

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