



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 RIDOS BSD
25 APR 23 PM 12:26:11

1. Entity ID Number 001764981		2. Exact name of the Corporation CAMBRIDGE CROPS, INC.			
3. Principal Office Address 500 RUTHERFORD AVENUE, STE 105 SUITE 105			City Charlestown	State MA	Zip 02129
4. NAICS Code 541310		6. Brief description of the character of business conducted in Rhode Island DEVELOPMENT AND SALES OF FOOD COATING TECHNOLOGIES			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name ADAM BEHRENS			Vice-President Name		
Street Address 500 RUTHERFORD AVE, STE 105			Street Address		
City Charlestown	State MA	Zip 02129	City	State	Zip
Secretary Name LAITH ABU-TALEB			Treasurer Name ADAM BEHRENS		
Street Address 500 RUTHERFORD AVE, STE 105			Street Address 500 RUTHERFORD AVE, STE 105		
City Charlestown	State MA	Zip 02129	City Charlestown	State MA	Zip 02129
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☒					
Director Name ADAM BEHRENS			Director Name MATT BARNARD		
Street Address 500 RUTHERFORD AVE, STE 105			Street Address 500 RUTHERFORD AVE, STE 105		
City Charlestown	State MA	Zip 02129	City Charlestown	State MA	Zip 02129
Director Name SCOTT SONNEMAKER			Director Name ERIC TURNER		
Street Address 500 RUTHERFORD AVE, STE 105			Street Address 500 RUTHERFORD AVE, STE 105		
City Charlestown	State MA	Zip 02129	City Charlestown	State MA	Zip 02129
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	
		5,414,805		Common	
		124,658,672		Preferred	
				PAR VALUE	
				\$0.0001	
				\$0.0001	
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 LAITH ABU-TALEB, Secretary					Date 4/22/2025
Signature of Authorized Representative <i>Laith Abu-Taleb</i>					

FILED

APR 23 2025
BY 31789
AA-12:26pm
FORM 630 Revised 12/2023

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Directors Cont.

DIRECTOR: BART VAN HOOLAND - 500 RUTHERFORD AVENUE, SUITE 105
CHARLESTOWN, MA 02129 USA

DIRECTOR: ERIK SNYDER - 500 RUTHERFORD AVENUE, SUITE 105
CHARLESTOWN, MA 02129 USA