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State of Rhode Island Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Foreign Business Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2025**: <u>2025</u>

1. Corporate ID No. <u>001672845</u>

2. Name of Corporation <u>LAB-AIDS</u>, <u>INC</u>

3. Street Address Principal Business Office:

No. and Street: <u>17 COLT COURT</u>

City or Town: RONKONKOMA State: NY Zip: 11779 Country: USA

4. Business Phone No.

5. State of Incorporation

State: NY

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.

339999

6. Brief Description of the Character of Business Conducted in Rhode Island

MANUFACTURING

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address		
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country		

PRESIDENT	JONATHAN ATKINS	17 COLT COURT RONKONKOMA, NY 11779 USA
CFO	ARTIE GUSTON	17 COLT COURT RONKONKOMA, NY 11779 USA
DIRECTOR	JONATHAN FAUST	17 COLT COURT RONKONKOMA, NY 11779 USA
SECRETARY	JONATHAN FAUST	17 COLT COURT RONKONKOMA, NY 11779 USA

8. Shares Authorized and Issued

				Total Issued
Class of Stock	Series of Stock	Par Value Per		and
		Share	Total Authorized	Outstanding
			Shares	Num of
			Number of Shares	Shares
STK		\$0.0100	80,000.00	39891
STK		\$0.0100	40,000.00	38326

9. 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.

Signed this 30 Day of June, 2025 at 11:12:12 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By JONATHAN FAUST

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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