| State of Rhode Island Fee: \$50.00 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: 2023 | | | | | |
| 1. Corporate ID No. 001709055 | | | | | |
| 2. Name of Corporation Oxypro, Inc. | | | | | |
| 3. Street Address Principal Business Office: | | | | | |
| No. and Street: <u>1320 GREENWAY DRIVE</u> SUITE 200E | | | | | |
| City or Town:IRVINGState: TXZip: 75038Country: USA | | | | | |
| 4. Business Phone No. | | | | | |
| 5. State of Incorporation | | | | | |
| State: <u>TX</u> | | | | | |
| ARTICLE III | | | | | |
| 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. | | | | | |
| <u>423450</u> | | | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island | | | | | |
| SALE AND SUPPLY OF DURABLE MEDICAL EQUIPMENT | | | | | |
| 7. Names and Addresses of the Officers and Directors: | | | | | |
| All officers and directors must be listed. | | | | | |
| l | | | | | |

| Title | Individual Name First, Middle, Last, Suffix | Address Address, City or Town, State, Zip Code, Country | |
|-----------|--|--|--|
| PRESIDENT | JEREMY PERKINS | 2217 PLAZA DRIVE STE 101 ROCKLIN, CA 95765 USA | |
| TREASURER | DAVE BUTLER | 2217 PLAZA DRIVE ROCKLIN, CA 95765 USA | |
| SECRETARY | DAVE BUTLER | 2217 PLAZA DRIVE ROCKLIN, CA 95765 USA | |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per | | Total Issued and |
|----------------|-----------------|---------------|------------------|---------------------|
| | | Share | Total Authorized | Outstanding |
| | | | Shares | Num of Shares |
| | | | Number of Shares | Shares |
| CWP | | \$25.0000 | 10,000.00 | 10000 |

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 22 Day of March, 2023 at 4:22:18 PM. *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 JEREMY PERKINS

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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