



State of New Hampshire 2013 ANNUAL REPORT

The following information shall be given as of January 1
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2013

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE
WILL BE ASSESSED A LATE FEE.

Filed
Date Filed: 01/07/2013
Business ID: 628682
William M. Gardner
Secretary of State

NOVA BIOMEDICAL CORPORATION
200 PROSPECT STREET
WALTHAM, MA 02453

ADDRESS OF PRINCIPAL OFFICE:

200 PROSPECT STREET
WALTHAM, MA 02453

REGISTERED AGENT AND OFFICE:

C T CORPORATION SYSTEM
9 CAPITOL STREET
CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 628682

STATE OF DOMICILE: MASSACHUSETTS

BIOMEDICAL SERVICES.

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

- The new mailing address _____
 The new principal office address _____

PO Box is acceptable.

OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE OFFICER BELOW)

PRES. **Francis Manganaro**
STREET **10 Whitridge Road**
CITY/STATE/ZIP **Natick Ma 01760**

V-PRES. **Chung Chang Young**
STREET **145 Buckskin Drive**
CITY/STATE/ZIP **Weston Ma 02631**

V-PRES. **James Fowler**
STREET **106 Upland Circle**
CITY/STATE/ZIP **Brewster Ma 02631**

SEC'Y. **James Fowler**
STREET **106 Upland Circle**
CITY/STATE/ZIP **Brewster Ma 02631**

BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).
(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. **Francis Manganaro**
STREET **10 Whitridge Road**
CITY/STATE/ZIP **Natick Ma 01760**

DIR. **Chung Chang Young**
STREET **145 Buckskin Drive**
CITY/STATE/ZIP **Weston Ma 02631**

DIR. **James Fowler**
STREET **106 Upland Circle**
CITY/STATE/ZIP **Brewster Ma 02631**

DIR. **John Driscoll**
STREET **75 Long Beach Road**
CITY/STATE/ZIP **Centerville Ma 02632**

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

To be signed by an officer, director, or any other person authorized by the board of directors.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: Pamela Crowley

Please print name and title of signer: Pamela Crowley / AUTHORIZED PARTY

NAME TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL): _____



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WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301

2013 ANNUAL REPORT

NAMES AND ADDRESSES OF ALL OTHER OFFICERS AND DIRECTORS:

TREASURER

JOHN SWAN
288 HOVEY STREET
LOWELL, MA 01852

OTHER

LUCIANO BORRELLI
10 RUSSET LAND
WINCHESTER, MA 01890