

provision of the Labor Code.

STATE OF CALIFORNIA

CORPORATION

1500 11th Street

California Secretary of State

Office of the Secretary of State

STATEMENT OF INFORMATION

BA20250415918

For Office Use Only



File No.: BA20250415918 Date Filed: 2/27/2025

Sacramento, California 95814							
(916) 6	57-5448	1					
Entity Details				Cha	Level Marchine Lines		
Corporation Name					Shadow Medical Inc		
Entity No.				6588			
Formed In					FORNIA		
Street Address of Principal Office	e of Corpo	ration					
Principal Address					155 SPECTACLE IRVINE, CA 92618		
					NE, CA 92018		
Mailing Address of Corporation				4			
Mailing Address				155 SPECTACLE IRVINE, CA 92618			
Attention					12, 0, 02010		
	(0						
Street Address of California Office of Corporation Street Address of California Office					2		
Officers							
Officer Name	e Officer Address Position(s)					n(s)	
				Chief Executive Officer, Chief Financial Officer, Secretary			
	+ Ryan Kenney155 SPECTACLEChief ExIRVINE, CA 92618IRVINE, CA 92618			ecutive	Officer, Chief Financ	iai Officer, Secretary	
Additional Officers							
Officer Name Officer Address			ddress		Position	Stated Position	
None				Entere	b		
Directore							
Directors				Director Address			
Director Name							
+ Ryan Kenney				155 SPECTACLE IRVINE, CA 92618			
					(2, 0, (02010		
The number of vacancies	S ON BO	ard of Directors is: (J				
Agent for Service of Process							
Agent Name				Ryan Kenney			
Agent Address				155 SPECTACLE IRVINE, CA 92618			
Type of Business							
Type of Business				Medical Device Manufacture			
Email Notifications							
Opt-in Email Notifications				No, I do NOT want to receive entity notifications via email. I prefer notifications by USPS mail.			
Labor Judgment	f this Co	propration has an o	outstanding	a final	iudament issued by t	the Division of Labor Standards	

Enforcement or a court of law, for which no appeal therefrom is pending, for the violation of any wage order or

Electronic Signature						
By signing, I affirm that the information herein is true and correct and that I am authorized by California law to sign.						
Carey Lampel	02/27/2025					
Signature	Date					