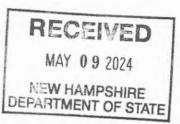


Statement of Financial Interests PEASE DEVELOPMENT AUTHORITY (RSA 12-G:5)



Name	and address of reporting individual: BRIAN SEMPRINI
	23 Beans Lane Newington, NH 03801
1.	Remunerative Business Association. List below the name, address and type of any professional, business, or other organization in which you were an officer, director, associate, partner, proprietor, or employee, or served in any other professional capacity, and from which you derived income in excess of \$10,000 during the preceding calendar year.
a.	Kairos Surgical 313 Boston Post Road W. Suite 110
b.	Markborough, MA 01752 Territory Manager, Orthopaediz/Medical Derice Industry
c.	Territory Manager, OrThopaediz/Medical Derize Industry
2.	State-Associated Debt. List all debts as required by RSA 12-G:5 (b). (See reverse side for copy of law).
d.	N/A
e.	
f.	
3.	State-Associated Credit. List all credits as required by RSA 21-G:5 (b). (See reverse side for copy of law).
g.	N/A
h.	1
i.	
	ure of Reporting Individual: Bate: 5/8/24
Thic re	port is for calendar year 2023