



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

RECEIVED  
MAY 09 2024  
NEW HAMPSHIRE  
DEPARTMENT OF STATE

Name and address of reporting individual: BRIAN SEMPRINI  
(print)  
23 Beane 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. Marlborough, MA 01752
- c. Territory Manager, Orthopaedic/Medical Device 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. \_\_\_\_\_
- i. \_\_\_\_\_

Signature of Reporting Individual:  Date: 5/8/24

This report is for calendar year 2023