NEUROMIND AGI

THE AI PLATFORM FOR COGNITIVE DEFENSE

Objective neurofunctional monitoring for
Cognitive Warfare and Human Performance Optimization (HPO)

Defense · Aerospace · Cyber Operations · Healthcare

EVERY CRITICAL SYSTEM IS MONITORED IN REAL TIME. THE HUMAN OPERATOR IS NOT.

The mind is the last unmonitored system in mission-critical operations.

- **In defense** — cognitive vulnerability becomes a warfare vector. NATO has formally identified cognitive warfare as a frontline strategic threat. (The Hague Summit Declaration, June 2025 · NATO Chief Scientist Report, December 2025)
- **In enterprise** — cognitive failure in critical roles generates measurable operational risk, legal liability, and human capital loss.
- **In healthcare** — compensated cognitive dysfunction remains invisible to standard clinical tools
- **NeuroMind provides the missing human telemetry layer for mission-critical operations.**

THE EXISTING TOOLS WERE NOT BUILT FOR THIS PROBLEM

Questionnaires are gameable. Wearables measure proxies. Standard clinical tests miss what matters most.

WHAT EXISTS

Wearables tracking heart rate, sleep, movement. Questionnaires. Neuropsychological tests. Clinical interviews.

WHY IT'S NOT ENOUGH

Self-reported data is gameable. Wearables measure **physiological proxies** (heart rate, sleep, movement)
—not actual cognitive function. Standard clinical tools miss compensated dysfunction — subjects who appear normal but are cognitively compromised. (Marconi, Pessa, Penna — IEEE MEMEA 2018)

WHAT'S MISSING

An objective, explainable, regulation-aligned system that reads neurofunctional state directly from brain activity — and translates it into an operational decision.

No platform today provides objective cognitive telemetry for mission-critical operators

No player owns this layer. NeuroMind AGI does.

NEUROMIND: THE AI PLATFORM FOR COGNITIVE DEFENSE AND HUMAN PERFORMANCE OPTIMIZATION

Software-only. No hardware. No devices. Runs on any certified third-party EEG headset.

- NeuroMind is the **software intelligence layer between raw brain activity and an operational decision** — objective, explainable, and designed for regulated environments from day one.
- It is not a wellness app. It is not an EEG device. It is not a black-box AI model.
- A subject interacts with a standardized cognitive stimulation protocol. NeuroMind's proprietary neurofunctional pipeline processes EEG signals and extracts objective indicators of cognitive state — including attention, fatigue, overload and degraded decision capacity.
- Artificial intelligence operates at the **inference layer of the pipeline**, where supervised machine learning models classify neurofunctional indicators derived from ERP-based EEG protocols. A rule-based expert logic layer ensures interpretability and avoids black-box outputs.
- Every AI-generated output is **reviewed by a human specialist**, enabling NeuroMind to function as a decision-support system in regulated environments.
- **NeuroMind provides the missing human telemetry layer for mission-critical operations.**

THE SCIENCE IS PEER-REVIEWED. THE RESULTS ARE CLEAR.

95% classification accuracy — including cognitive profiles invisible to every standard clinical tool.
(Marconi · Pessa · Penna — IEEE MEMEA 2018)

The Study

- 27 subjects were assessed using the full set of standard clinical tools: • questionnaires
  • neuropsychological tests
  • clinical rating scales
- All conventional tools identified **two groups**.
- Neurophysiological analysis revealed **three distinct groups**.

The Third Group — Masked Subjects

- Individuals who appear normal across all standard assessments: • questionnaires within normal range
  • neuropsychological tests normal
  • clinical rating scales unremarkable
- Yet showing **objective neurofunctional impairment detectable only through ERP-based EEG indicators**.

Why 95% Is the Hard Number

- Standard assessment tools perform adequately when comparing two groups: • healthy controls
  • clearly compromised subjects When a **third group of masked dysfunction** is introduced, performance drops significantly. Typical performance levels:
  - Questionnaires: **70%**
  - Clinical rating scales: **80%**
  - Neuropsychology: **60%**
  - **EEG neurofunctional method: 95%**
- **The 95% is not a generic AI benchmark. It reflects NeuroMind's ability to detect a clinically invisible group that standard tools cannot identify. The breakthrough comes from the neurophysiological method — not from data volume. Patent filed January 2026.**

What This Means Operationally

- The pilot who passes standard psychological screening.
- The cyber analyst who scores within range on every questionnaire.
- The surgeon who presents no behavioural red flags.
- All appear cognitively normal using existing assessment tools.
- **NeuroMind detects what standard tools cannot see.**

AI IN NEUROMIND

Supervised machine learning and expert logic — designed to enhance a clinically validated neurofunctional method and growing with every pilot

Where AI Acts in the Pipeline

- AI operates at the **inference layer of the neurofunctional pipeline**, after signal preprocessing and source reconstruction.
- Supervised machine learning models classify neurofunctional indicators derived from **ERP-based EEG protocols**.
- A rule-based expert logic layer ensures interpretability and avoids black-box outputs.
- Every AI-generated output is **reviewed by a human specialist before any decision is made.**

Clinical Method — The Foundation

- The neurofunctional method was validated in a **peer-reviewed study using 64-sensor EEG and ERP stimulation protocols**, comparing neurophysiological indicators with clinical scales, questionnaires and neuropsychological tests.
- The published study included **27 subjects assessed with clinical scales, questionnaires and neuropsychological tests**, demonstrating the ability of neurophysiology to identify a **third group of masked subjects invisible to standard tools**.
- Beyond the published study, the same neurofunctional methodology has been applied in over 80 real-world clinical cases **in real-world practice** within Artemis Neurosciences.
- This is why it is hard to replicate: the method is the moat, not the data volume. Patent filed January 2026.

Dataset Development for AI

- LOI in closing · Private Hospital Marche · 1,000+ patients · Q1 2026
- Two third-sector mental health organizations · 2,000+ patients · Q1–Q2 2026
- Defense and corporate pilots · Additional neurofunctional profiles across operational environments
- These datasets will progressively support the development of **AI capabilities that enhance the NeuroMind platform**.
- Target: 10,000+ cases by Series A · 100,000+ cases by Series B

Key Message

- The NeuroMind neurofunctional method already enables objective cognitive assessment today using high-density EEG protocols.
- AI enhances the platform by **reducing sensor requirements, filtering neurophysiological noise, and automating pattern correlation across large datasets**, enabling scalable deployment in operational environments.

Why This AI Is Hard to Replicate

- Not a generic large language model applied to health data
- Method-driven IP — source reconstruction + ERP protocols + neurofunctional indicator design
- Patent filed January 2026 · Training data is proprietary and clinically validated
- Explainability by design — required for EU MDR SaMD certification and enterprise deployment

EEG Data Acquisition & Stimulation

- Third-Party Certified EEG Headset
- Standardized Cognitive & Affective Tasks Delivered via Software

Neurofunctional Signal Processing

- Signal Quality Control
- Artifact Rejection
- Source Separation & Reconstruction

Explainable Neurofunctional Indicators

Signal Preprocessing & Quality Control

Source Separation & Reconstruction

Explainable Neurofunctional Indicators

Explainable Neurofunctional Indicators

Proprietary Neurofunctional Pipeline

Expert Review & Clinical Decision Support

- AI-Assisted Decision Support
- Explainable Findings
- Reviewed by a Human Specialist (No Automated Diagnosis)

DUAL-USE MARKET

Large TAM figures define the problem space. Execution focuses on a narrow, bottom-up SAM and SOM.

TAM — Two Independent Anchors

- 🏥 **$2 Trillion** — Global mental health expenditure annually (WHO)
- Mental Health Tech Market: $27.6B (2025) → $50.5B by 2029 (Fortune Business Insights, 2024)
- 🛡️ **$750 Billion+** — NATO Allies committed to allocate up to 1.5% of GDP annually to inter alia protect critical infrastructure, defend networks, and ensure civil preparedness and resilience (The Hague Summit Declaration, June 2025)
- Cognitive Warfare and Cognitive Resilience formally identified as NATO strategic priorities (NATO Chief Scientist Report, December 2025)

SAM — Consolidated Addressable Market

- **$35–50 Billion** across AI diagnostics, defense neurotechnology, and enterprise cognitive resilience
  (NATO/EU Cyber & Resilience Budget Allocation + AI Mental Health Platforms, 2025 estimates)
- Defense and security applications include mission-critical operators in **naval and submarine operations, aviation and helicopter pilots, drone operators, space mission control, and cyber SOC/NOC environments**
- Estimated population across NATO forces: **~100,000 mission-critical operators**
- Typical monitoring model: **€2,000 per operator / month (~€24k per year)**
  Potential defense serviceable market: **~€2.4B annual opportunity**
- Initial focus on NATO mission-critical operators, with expansion potential across allied forces, defense contractors, and critical infrastructure operators.

SOM — 5–7 Years

- NeuroMind does not assume large-scale adoption across the entire operator population. Target penetration: **~4% of mission-critical operators** Equivalent to: **~4,000 monitored operators** Defense revenue potential: **~€100M ARR**
- Combined with healthcare SaMD licensing, B2B2G defense contracts, B2B2B corporate contracts and pharma & biotech licensing: **$375M–1B long-term opportunity** (NeuroMind AGI bottom-up projections, 2025)

Why This Market. Why Now.

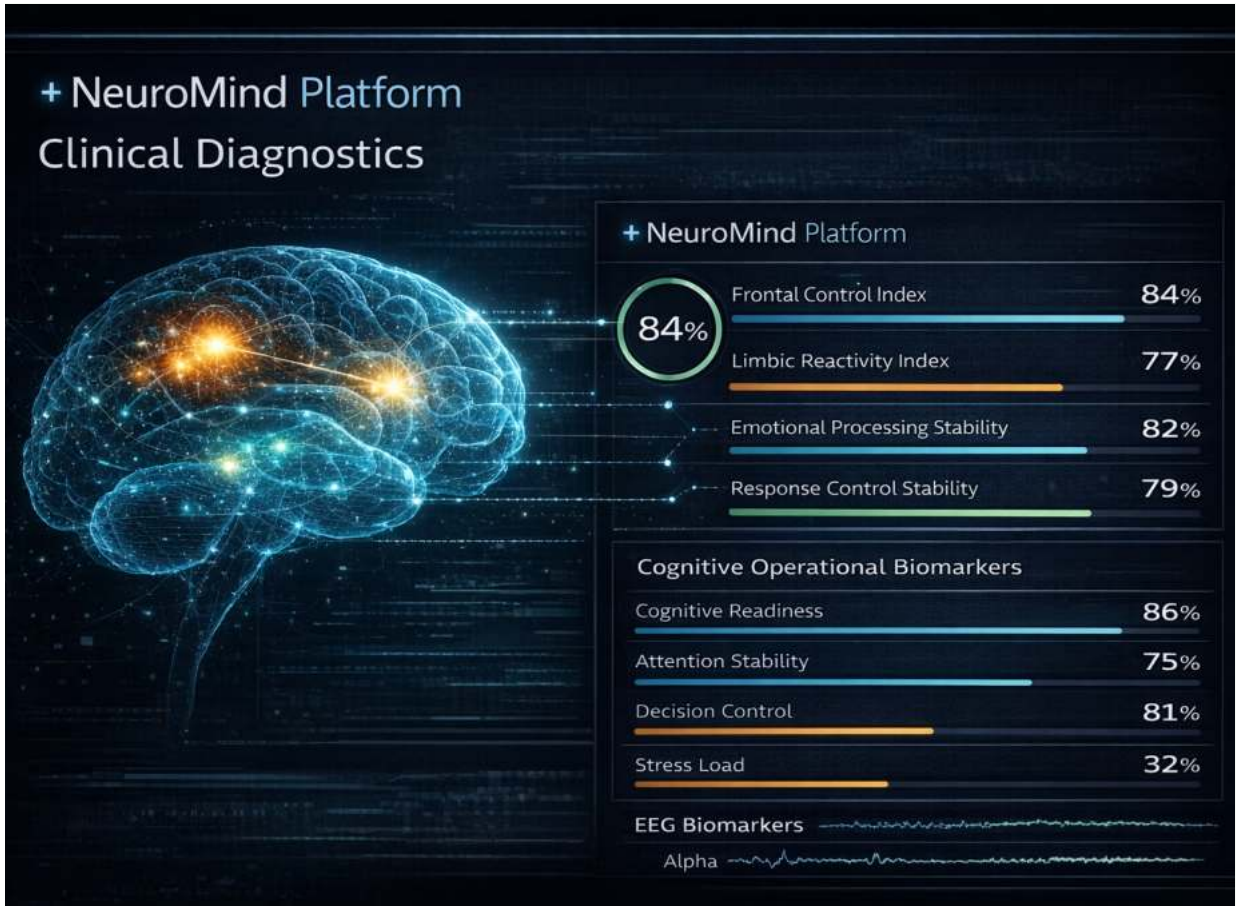
- NATO has declared cognitive defense a strategic frontier — budget is committed and allocated
- Mental health tech is the fastest growing segment in digital health
- No certified, regulation-aligned neurofunctional platform exists in either market
- NeuroMind operates at the intersection of both — **one platform, one certification, one moat**

ONE PLATFORM. DUAL-USE.

A single **neurofunctional assessment platform** deployed across defense, cyber, aerospace, enterprise leadership, and healthcare environments.

THE COGNITIVE LAYER PLATFORM

- **Unified Neurofunctional Platform**
  - Standardized **neurofunctional assessment engine** generating objective cognitive performance indicators
  - Explainable AI models translating neurofunctional signals into **operationally relevant metrics**
  - Modular interpretation layer adapted to **mission context and operational domain**
- **One Core System — Multiple Operational Domains**
  - Defense operations — pilots, drone operators, naval crews, special forces
  - Cyber operations — SOC analysts and cyber defense teams
  - Space operations — satellite mission control operators
  - Enterprise leadership — executives and critical decision roles
  - Healthcare diagnostics — psychiatry and neurocognitive evaluation
- **Platform Architecture**
  - Standardized neurofunctional assessment protocol
  - AI-driven cognitive signal processing
  - Domain-specific interpretation layer
  - One technological core deployed across **11 operational verticals**
- **Strategic Outcome**
  - NeuroMind becomes the **cognitive layer** for mission-critical human systems — bringing objective neurofunctional telemetry to environments where human decision-making determines operational success.



INITIAL WEDGE MARKET

Mission-critical operators in high-risk operational environments
(drone operators · naval & submarine & helicopter crews · space mission control · cyber SOC)
and corporate professionals exposed to chronic cognitive stress and burnout.

- **01 Space Mission Control**
  Satellite mission operators manage complex orbital systems in high-stakes operational environments.
  15-minute standardized neurofunctional assessment monitors cognitive readiness and decision capacity before critical mission phases.
  Route to market: Thales Alenia Space

- **02 Naval & Submarine Operations**
  Naval crews and submarine operators perform long missions in confined environments with sustained cognitive pressure and fatigue accumulation.
  15-minute standardized neurofunctional assessment detects fatigue, stress overload and degraded cognitive readiness before critical operations.
  Route to market: Fincantieri

- **03 Cyber Defense & SOC Operations**
  Cyber defense analysts monitor large volumes of alerts and threat signals under sustained cognitive pressure and alert fatigue.
  15-minute standardized neurofunctional assessment detects attention degradation and cognitive overload before critical shifts.
  Route to market: Axitea

- **04 Helicopter Operations**
  Helicopter crews operate in dynamic tactical environments with rapid decision cycles, mission complexity and high cognitive load.
  15-minute standardized neurofunctional assessment detects fatigue, overload and reduced readiness before mission deployment.
  Route to market: Leonardo

- **05 Drone Operations**
  UAV pilots and remote warfare operators manage multi-screen environments under sustained cognitive load and operational pressure.
  15-minute standardized neurofunctional assessment detects attention degradation and cognitive overload before mission shifts.
  Route to market: Leonardo

- **09 Corporate Critical Leader**
  HR Director · Chief People Officer · Occupational Physicians · Hospital Groups · Corporate Companies under Italian Law **D.Lgs. 81/2008**
  90-minute standardized neurofunctional assessment for objective detection of cognitive degradation, burnout, and stress overload before they become operational liability.
  Route to market: Randstad

THE COGNITIVE OPERATIONS CENTER

Every aircraft, every network, every drone is monitored in real time. Now, so is the operator.

- **What Is the Cognitive Operations Center**
  - A centralized operational interface where commanders and analysts monitor the cognitive readiness of mission-critical personnel alongside operational systems
  - SOCs, NOCs, and mission control rooms already monitor networks, platforms, and threats in real time — the COC adds the missing human layer
  - Cognitive readiness of drone operators, SOC analysts, and mission-critical personnel becomes visible, measurable, and actionable
- **First Target Operators — Why Now**
  - Drone operators and SOC/NOC analysts operate in fixed operational environments — enabling rapid EEG-based neurofunctional sensing without disrupting operational workflows
  - Sustained cognitive load, fatigue, and stress directly impact mission outcomes — and are currently undetected
  - Pre-shift assessment and periodic monitoring integrate directly into existing operational workflows
- **What the COC Monitors**
  - Cognitive workload and fatigue — detection of overload impairing decision-making and reaction times
  - Attention and situational awareness — identification of reduced focus during critical operations
  - Cognitive risk indicators — early detection of performance degradation and reduced operational readiness
  - Mission readiness indicators — objective neurofunctional metrics supporting command decisions on operator deployment
- **Strategic Fit**
  - Designed for deployment in SOC/NOC environments, cyber defense centers, mission control rooms, and intelligence operations
  - Route to market: B2B2G via defense primes, system integrators, and selected operational partners — discussions underway at VP level
  - **COC full deployment target: 2028+** — roadmap defined, architecture design initiated. Pre-MDR assessment pilots deployable today

HEALTHCARE & PHARMA — THE CLINICAL FOUNDATION

The same neurofunctional platform that monitors mission-critical operators also powers psychiatric diagnostics and CNS drug development

- **HEALTHCARE CLINICAL DIAGNOSTICS** Private Hospital Groups · Psychiatric Clinics · Mental Health Centers
  - **90-minute standardized neurofunctional assessment** supporting diagnostic decision-making in psychiatry and clinical psychology
  - Objective detection of **masked cognitive dysfunction and early pathological signals** invisible to standard clinical tools — questionnaires, neuropsychological tests, clinical rating scales
  - Human specialist reviews explainable neurofunctional indicators — **no autonomous diagnosis**
  - Peer-reviewed validation: **95% classification accuracy** including masked pathological profiles (IEEE MEMEA 2018)
  - MDR certification pathway initiated — **Rome Technopole Flagship 4 · Sapienza University**
  - Neurofunctional data as primary source — digital questionnaires integrated as complementary layer
  - **Route to market:** B2B direct to private clinics, hospital groups, and mental health centers
- **PHARMA & CLINICAL TRIALS** CNS Pharma · Biotech · Clinical Research Organizations
  - **MDR-aligned neurofunctional platform** designed as certified infrastructure for CNS clinical trials
  - Objective digital endpoints supporting **patient stratification and drug efficacy measurement**
  - Neurofunctional biomarkers enabling detection of cognitive signals invisible to traditional clinical scales
  - Supports **patient selection, baseline profiling, and longitudinal neurofunctional monitoring**
  - Designed for integration into **regulated clinical development workflows**
  - **Route to market:** B2B pharma licensing for CNS drug development and clinical trial partnerships

PRODUCT ROADMAP

Where We Are. Where We Are Going. Today: objective neurofunctional assessment. Tomorrow: continuous cognitive monitoring at scale.

- **NOW — 2026**
  - 90-minute standardized neurofunctional assessment session
  - Hardware agnostic — runs on any certified third-party EEG headset
  - Pre-MDR paid pilots: healthcare, occupational health, defense
  - Digital questionnaires integrated as complementary layer
  - Patent filed January 2026
- **2027 — POST MDR**
  - CE-marked SaMD platform — full commercial deployment
  - Healthcare SaMD licensing · Occupational health programs · Defense assessment contracts
  - Pharma & Biotech licensing for CNS clinical trials
  - Expanded clinical dataset — 1,000+ patients
- **2028+ — CONTINUOUS MONITORING**
  - Wearable EEG integration — real-time neurofunctional monitoring
  - Defense: cognitive readiness monitoring in operational environments · EEG-integrated helmets
  - Enterprise: continuous cognitive monitoring for critical roles
  - Cognitive Operations Center — commanders monitor operator readiness alongside operational systems

INDUSTRIAL ACCESS & PLATFORM PROCUREMENT

Defense capabilities are rarely procured as standalone software.
They are embedded within operational platforms delivered by prime contractors.

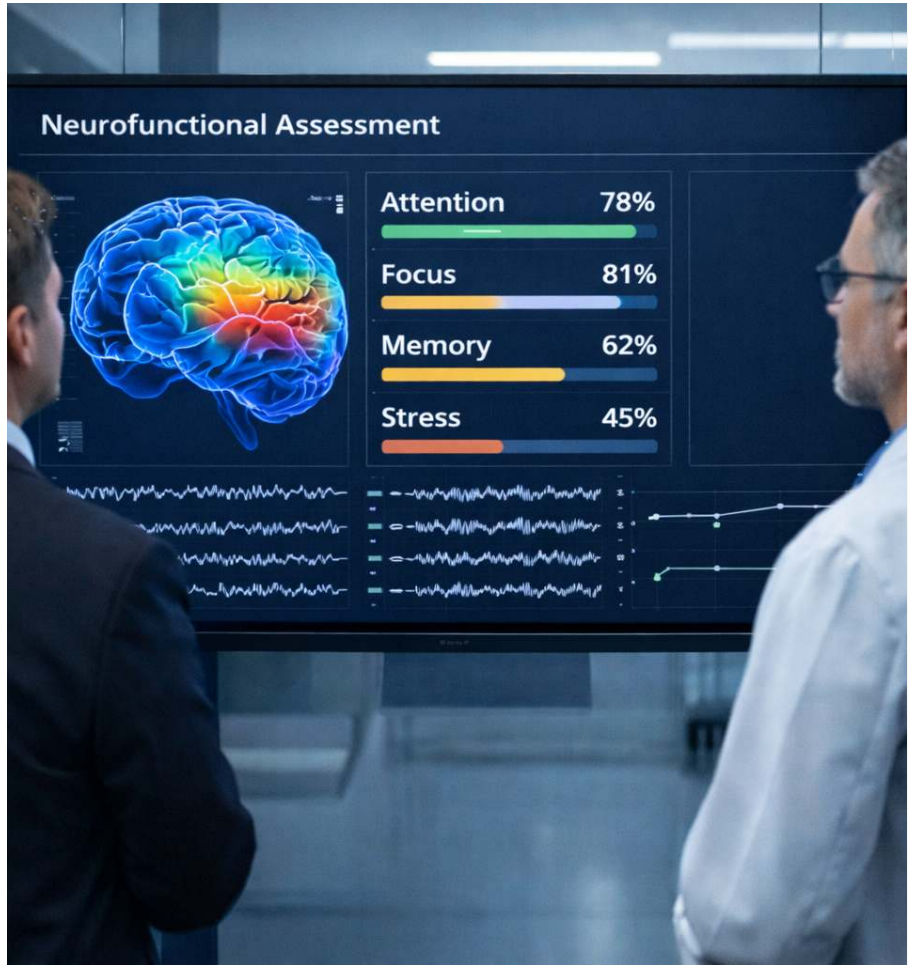
- Procurement Model — B2B2G
  - NeuroMind follows the **standard defense procurement pathway**:
    - Technology integrated by **defense prime contractors**
    - Capability delivered within the **platform contract with the Ministry of Defence**
    - Cognitive readiness becomes part of the **operational capability stack**
  - This approach enables NeuroMind to scale through **existing platform programmes** rather than standalone software procurement
- Platform Integration Logic
  - Example **Naval Platforms**
  - Major naval programs (e.g. **U212 NFS submarine programme — ~€2.7B across four units**) represent platform environments where **crew cognitive readiness monitoring** can be embedded as part of the operational system delivered to the Navy. In this model, the cognitive capability is integrated within the **platform architecture**, not sold as separate software.
- Industrial Ecosystem
  - NeuroMind is designed to integrate within the operational ecosystems of:
  - **Defense & Aerospace Primes** Fincantieri Thales Alenia Space Leonardo
  - **Cyber & Security Operations** Axitea
  - **System Integrators** Accenture Capgemini Engineering
  - **Big4** EY, Deloitte, KPMG, PWC
- Current Exploration Areas
  - **Cyber operations environments (SOC/NOC)** for operator cognitive readiness monitoring
  - **Naval platforms** for crew cognitive performance assessment
  - **Space mission operators** in high-stress operational environments
- Strategic Outcome
  - NeuroMind does not require direct procurement by Ministries of Defence
  - NeuroMind becomes the **human telemetry layer embedded within mission-critical defense platforms**, enabling cognitive readiness monitoring for operators in complex operational environments.

BUSINESS MODEL

From paid pilots to SaMD licensing to defense contracts — revenue before full MDR approval.

What We Sell

- **Pre-MDR — Today**
  - R&D contracts and research collaborations
    Universities · research centers · pharma · corporate partners
  - Paid pilot deployments
    Defense environments · occupational health programs · healthcare pilots
  - Software licensing for enterprise and defense applications
    Human-in-the-loop decision support · no autonomous diagnosis
- **Post-MDR — 2027+**
  - SaMD licensing for psychiatric diagnostic decision support
    Private hospitals and clinical networks
  - Enterprise cognitive risk management software
    Critical roles and occupational health programs
  - Defense platform integrations
    Cognitive readiness monitoring embedded within operational systems
  - Pharma & biotech licensing
    Digital biomarkers for CNS clinical trials and patient stratification
- **Revenue Streams**
  - R&D Contracts & Research Projects (B2B · B2B2B)
  - Assessment & Service Fees (B2B · B2B2B · B2B2G)
  - Software Licensing SaaS / SaMD (B2B · B2B2G)
  - Pharma & Life Sciences Licensing (B2B)
  - Defense & Government Contracts (B2B2G)



ROUTES TO MARKET

Reaching Every Market Through Trusted Intermediaries.
Indirect and partner-led model — leveraging existing distribution, credibility, and institutional access.

- **Defense & Security — B2B2G**
  - NeuroMind → Defense Primes (Thales, Leonardo, Fincantieri) → Government & Armed Forces
  - NeuroMind → System Integrators (Axitea, Accenture, Capgemini, Engineering) → Government & Armed Forces
  - The cognitive monitoring capability is integrated within operational platforms delivered through defense programs.
- **Corporate & Occupational Health — B2B2B**
  - NeuroMind → Big4 (EY, PwC, Deloitte, KPMG) → Corporate clients
  - NeuroMind → HR & Workforce Specialists (Randstad and similar) → Corporate occupational health programs
  - NeuroMind → Occupational Health Providers / Medico Competente → Corporate clients
  - Cognitive risk management for critical leadership and operational roles.
- **Healthcare — B2B · B2B2G**
  - NeuroMind → Private clinics and hospital groups (direct)
  - NeuroMind → System Integrators / Tech Vendors → Public healthcare systems (indirect)
  - Clinical decision support for neurofunctional diagnostics.
- **Pharma & Life Sciences — B2B Licensing**
  - NeuroMind → Pharma / Biotech (direct partnerships)
  - CNS drug development · Patient stratification · Digital biomarkers · Clinical trial endpoints
- **Why This Model Works**
  - Access to regulated markets without direct state procurement
  - Trusted intermediaries with existing distribution, credibility, and institutional relationships
  - Reduces sales friction and accelerates institutional adoption
  - Early revenue before full MDR approval — de-risking path to Series A

DEFENSE REVENUE LOGIC

Key numbers

- **NATO active military personnel**
  - **~3.3M service members**
- **Mission-critical operators**
  - Pilots • Naval crews • Drone operators • Cyber defense analysts • Special operations • Command & control operators
  - **2-5% →~3% of total force → ~100,000 operators**
- **Pricing**
  - **€2,000 / month per operator (~€24k / year)**
  - NeuroMind is priced per monitored operator (~€24k/year), but deployed at program level across operational units such as submarine fleets, drone command centers, cyber SOCs and aviation wings.
- **Market penetration**
  - **~4% adoption → ~4,000 operators → ~€100M ARR**

BOTTOM-UP REVENUE LOGIC

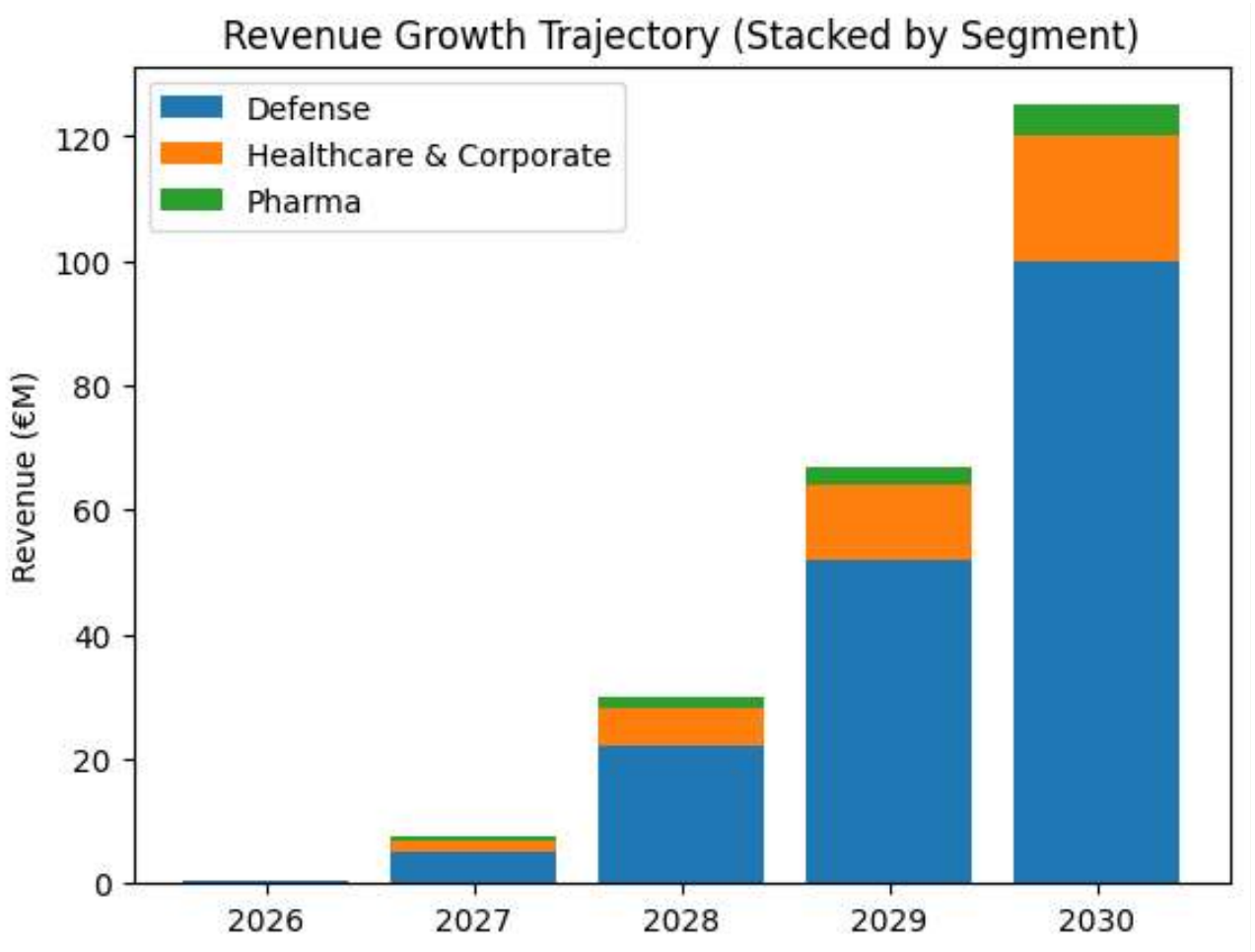
From real contracts and unit pricing — a clear path from €0.5M in 2026 to €130M+ in 2030

- **Defense & Security — B2B2G (via Prime Contractors)**
  NeuroMind cognitive monitoring integrated into mission-critical operational environments (naval platforms, aviation units, drone operators, cyber SOC).
  - **~€100M Defense Revenue by 2030**
- **Example — Submarine Cognitive Monitoring Program**
  - Fleet setup (one-time)
    - Platform integration with naval systems → **€1–1.5M**
    - Cognitive Operations Center deployment → **€0.5–1M**
  - Recurring revenues
    - Crew monitoring → **€2,000/month per operator (~€24k/year)**
    - Example submarine crew (30 operators) → **~€720k ARR**
  - Example fleet (6 submarines)
    - **~180 operators monitored → ~€4.3M ARR** Additional recurring revenues
    - SOC operations & infrastructure maintenance → **€200–300k ARR**
    - Platform integration updates → **€100–200k ARR**
- **Scaling across mission-critical operational environments**
  - Average operational program value: **€3–5M ARR**.
    ~25 programs across NATO forces → **€100M ARR potential.**
- **Healthcare & Corporate — Post-MDR SaMD**
  - Objective neurofunctional assessments supporting psychiatric diagnostics and occupational health monitoring. • **€200 per assessment • ~4 assessments per patient/year (~€800 annual per patient)** → scaling to **~26,000 monitored patients →**
  - **~€20M revenue by 2030**
- **Pharma & Biotech — Digital Biomarker Licensing**
  - €0.5–1M per partnership • 4–5 pharma collaborations →
  - **~€5M revenue by 2030**
- **Early Revenue (2026)**
  - R&D contracts and paid pilots across defense, healthcare and occupational health →
  - **€0.5–2M early revenue**
- **2030 Revenue Target & mix**
  - **Defense & Security → ~€100M (80%)**
  - **Healthcare & Corporate → ~€20M (16%)**
  - **Pharma & Biotech → ~€5M (4%) Total Revenue Target → ~€130M**

FINANCIAL PROJECTION / ARR GROWTH

Scaling through defense platform programs and healthcare deployments.

- Revenue progression
  - **2026 → €0.5–2M** (paid pilots, R&D contracts)
  - **2027 → €7–8M** (first defense integrations + early healthcare deployments)
  - **2028 → €25–30M** (multiple platform programs + healthcare expansion)
  - **2029 → €60–70M** (fleet programs scaling across defense operators)
  - **2030 → ~€130M revenue**
- Revenue mix in 2030:
  - **Defense & Security → ~€100M (80%)**
  - **Healthcare & Corporate → ~€20M (16%)**
  - **Pharma & Biotech → ~€5M (4%)**



TRACTION

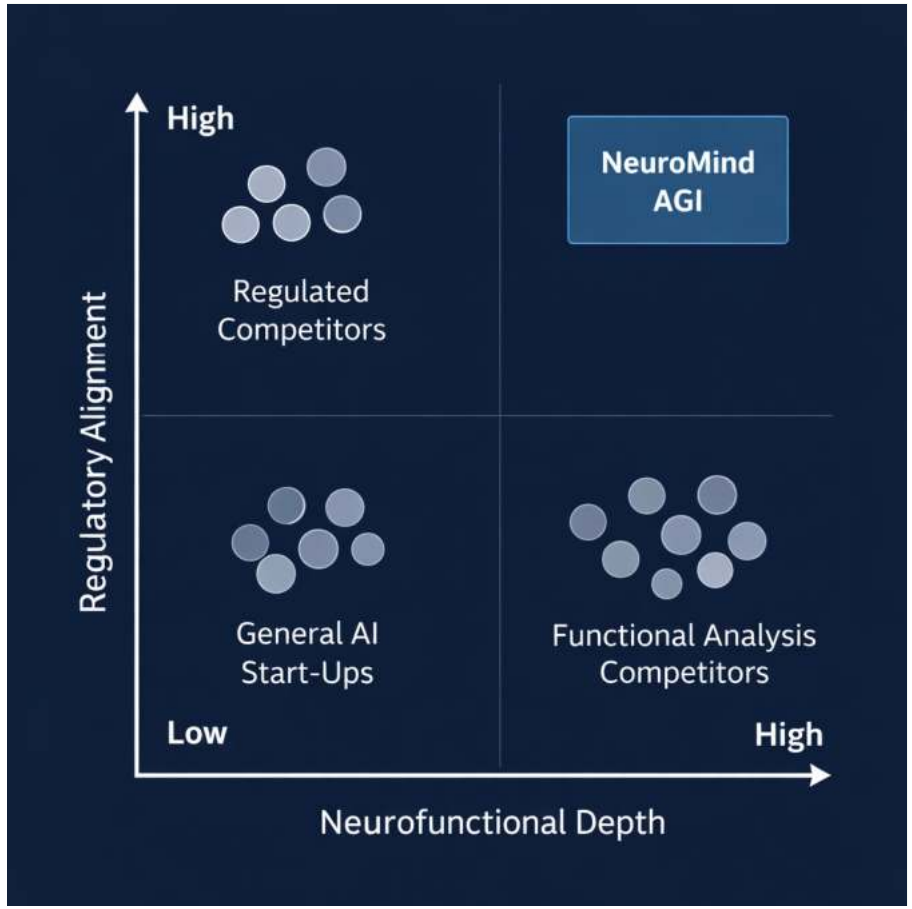
Pipeline & Early Validation
across healthcare, defense, and enterprise.

- **Clinical & Scientific Validation**
  - Patent filed January 2026 — proprietary neurofunctional method · source reconstruction + AI-assisted inference + expert logic
  - Peer-reviewed validation published · Marconi, Pessa, Penna · IEEE MEMEA 2018 · 95% classification accuracy including masked pathological profiles
  - Pre-MDR regulatory pathway initiated · Rome Technopole Flagship 4 · Partners: Sapienza University · Confindustria Dispositivi Medici · Leonardo · Thales Alenia Space
- **Healthcare Pipeline**
  - LOI in closing · Private Hospital, Marche Region · Healthcare pilot · Q1 2026 · Access to 1,000+ patients for clinical assessment and dataset expansion
  - Partnerships in progress · Two leading Italian third-sector mental health and disability organizations · Access pipeline to 2,000+ patients · Q1–Q2 2026
- **Initial industrial partners aligned with priority verticals**
  - **Fincantieri** → Naval & submarine operations
  - **Thales Alenia Space** → Space mission control operators
  - **Axitea** → Cyber defense SOC environments
  - **Randstad** → Corporate critical roles & workforce health
  - **Leonardo** → Helicopters & drone operations
  - Strategic dialogue ongoing · Italian Ministry of Defense · Italian Agency for Cybersecurity (ACN) · Italian Ministry of Justice
- **Institutional & Regulatory**
  - Rome Technopole Flagship 4 — dedicated EU MDR certification infrastructure · Target: certification within 18 months from funding
  - Advisor in two Italian governments (Ministry of Infrastructure) — AI Act and EU digital policy expertise

COMPETITIVE LANDSCAPE

NeuroMind competes on method, interpretability, and regulatory execution — not on devices, consumer engagement, or data scale.

- **EEG Hardware & Neurotechnology**
  - Players: Emotiv, Brain Products, Neuroelectrics
  - Focus on hardware, signal acquisition, research-grade analytics
  - No end-to-end regulation-ready diagnostic workflow · No clinical decision support
- **Digital Mental Health & Wellness**
  - Players: Headspace, Calm, Woebot
  - Self-reported data, engagement, wellness use cases
  - No objective neurophysiological measurement · No MDR-aligned diagnostic positioning
- **AI Healthcare & Analytics**
  - Players: Owkin, Tempus, Sophia Genetics
  - Black-box models on heterogeneous datasets
  - No EEG-based neurofunctional diagnostics · No human-in-the-loop by design
- **Digital Therapy Platforms**
  - Players: Unobravo, Serenis
  - Treatment delivery and therapeutic services
  - Downstream of diagnosis · Outside scope of regulated neurofunctional assessment
- **NeuroMind Positioning**
  - Proprietary neurofunctional method — patent filed January 2026
  - ERP-based EEG protocols · Clinically interpretable indicators · Human-in-the-loop
  - SaMD-aligned · Enterprise-ready · Dual-use defense and healthcare
  - The gap: No player detects masked dysfunction in apparently normal subjects across defense + healthcare on a single EU MDR-aligned platform.
  - Replication barrier: 8–10 years — proprietary clinical protocol development accumulated over decades. Not a function of capital or compute.



OUR TEAM

The operational, financial, legal, and clinical execution team — built for regulated, enterprise-scale deployment.

Massimiliano Gattoni – Chief Executive Officer (CEO)

- 25 years in digital transformation, AI, and strategic innovation
- Former executive at Microsoft, Open Fiber, Ferrovie dello Stato
- Selected as one of 17 global Digital Transformation SMEs among 110,000 Microsoft employees worldwide
- Key role in Italy's PNRR digital strategy · Smart Roads · Critical infrastructure protection
- Advisor in two Italian governments (Ministry of Infrastructure) · AI Act and EU digital policy
- Knight of the Order of Merit of the Italian Republic (2021)

Pierluigi Marconi – Chief Scientific Officer(CSO)

- 34 years in medicine, psychiatry, and neuroscience
- Pioneer in AI-driven diagnostic tools, neural networks in psychiatry, and EEG brain signal analysis
- Lead author · IEEE MEMEA 2018 · 95% classification accuracy including masked pathological profiles
- Professor of Medicine · Sapienza University
- Member of SIP, SOPSI, and AIRS — frequent speaker at international conferences
- Founder · Artemis Neurosciences — contributing neuroscientist team for EEG data research and validation

OUR TEAM

The operational, financial, legal, and clinical execution team — built for regulated, enterprise-scale deployment.

Rosamaria Scognamiglio – Chief Clinical & Research Officer (CCRO)

- 20 years in clinical research and patient assessment
- Designs and oversees patient-facing clinical trials and hospital partnerships
- Manages national and EU-funded research programs
- Coordinates hospital and university partnerships

Stefano Capponi – Chief Financial Officer (CFO)

- 25 years in finance, administration, and corporate governance
- Former Director · AIFA — Italian Medicines Agency (2006–2014)
- Insider knowledge of EMA/AIFA regulatory processes
- Registered Bankruptcy Trustee · Court-Appointed Technical Consultant

Valentina Gnoatto – Chief Legal Officer (CLO)

- 10 years in corporate governance and regulatory compliance
- Former legal advisor · Italian Senate Health Committee
- Corporate Affairs Specialist · Istututo Poligrafico di Stato - Cherry Bank
- Deep expertise in healthcare law and EU compliance

Massimiliano Gattoni – Interim Chief Technology Officer (CTO)

- Massimiliano Gattoni serving as Interim CTO
- Identified candidate with senior enterprise architecture background (Salesforce / Microsoft)
- Formal agreement pending seed round close — joining immediately upon funding

ADVISORY BOARD

Senior leaders across technology, science, defense, and medicine — formal advisory agreements to be established upon seed round close

- **Technology & Corporate**
  - **Carlo Bozzoli**
    - Former CIO · Enel Group · Large-scale digital transformation and critical infrastructure
  - **Marco Giambelli**
    - Senior Architect · Salesforce · Enterprise Architect · Microsoft · Identified CTO candidate
- **Scientific & Medical**
  - **Prof. Alessandro Stefani**
    - Professor of Neurology · University of Rome Tor Vergata · Neurological biomarkers expert
  - **Dr. Antonino Laudani**
    - Former President and COO · Johnson & Johnson · Multinational medical device markets
- **Defense & Security**
  - **Gen. Stefano Murace**
    - Former senior General · Italian Armed Forces · International operations and defense strategy
  - **Alessandro Toci**
    - Chairman · Fincantieri Service USA · Former Chief of CEO Staff · Leonardo
  - **ICSA Foundation**
    - Defense and security think tank · Chaired by Gen. Leonardo Tricarico, Former Chief of Staff · Italian Air Force

REGULATORY & SCIENTIFIC GOVERNANCE

Our Strategic Strength

- Our team covers every institutional layer — EU, AIFA, Senate, regional healthcare, and clinical expertise — reinforced by Sapienza University and Rome Technopole as external partners.
  With this structure, we aim to secure **MDR approval within ~18 months from funding**, while FDA will be de-risked through US advisors and consultants.This gives us a **regulatory pathway that is credible, multi-layered, and fully de-risked.**
- **INTERNAL**
  - **Massimiliano Gattoni (CEO):** Advisor in two Italian governments (Ministry of Infrastructure); expert in **AI Act** and EU digital policy
  - **Valentina Gnoatto (CLO):** Lawyer, former legal advisor in the **Italian Senate Health Committee**; healthcare law & compliance expert
  - **Dr. Pier Luigi Marconi (CSO):** Psychiatrist & neuroscientist, **Professor of Medicine at Sapienza University**; supported hospitals in regulatory negotiations with **Regional Health Authorities**
  - **Stefano Capponi (CFO):** Former Director at **AIFA – Italian Medicines Agency**; insider knowledge of EMA/AIFA processes
- **EXTERNAL**
  - **Prof. Alessandro Stefani (Advisory Board, Tor Vergata):** Internationally recognized neurologist
  - **External Partners: Sapienza University** & **Rome Technopole** supporting MDR pathway
  - **FDA Pathway:** Covered by **Advisory Board** & **US regulatory consultants** (Q-submission, FDA approval)
  - **Artemis Neurosciences:** a corporate co-founder, contributes a team of neuroscientists supporting EEG data research and validation.

FUNDING REQUIREMENT

Up to €3M seed to execute a focused, regulation-aligned development plan — generating early revenues and enabling the transition from TRL 5 to Series A readiness

Current Stage Seed · TRL 5 · Patent Filed · Pre-MDR · Dual-use: Healthcare & Defense

Primary Ask — €3M Seed

- **50% — Salaries & Human Resources**
  - AI engineers, data scientists, software developers, clinical consultants, operational staff
  - Core investment to build and refine the AI-based neurofunctional platform
- **25% — IT Infrastructure & Software**
  - Cloud computing (AWS, Google Cloud, Microsoft Azure)
  - High-performance computing (NVIDIA GPUs)
  - Software licenses for AI development (TensorFlow, PyTorch)
  - GDPR and HIPAA compliant patient data storage and security
- **10% — Clinical Validation & Compliance**
  - Collaboration with psychiatrists and healthcare institutions
  - Real-world clinical validation and dataset expansion
  - Regulatory compliance and MDR certification pathway
- **15% — Operations, Marketing & Outreach**
  - Office, administration, business tools
  - PR, medical and AI conferences, clinician engagement
  - Awareness campaigns across defense, enterprise, and healthcare verticals

Milestones Unlocked

- MVP deployment · 3 paid pilot contracts closed · Early revenues €0.5–2M (2026)
- CE marking within 18 months from funding close
- Series A readiness: €7M+ revenue trajectory (2027)

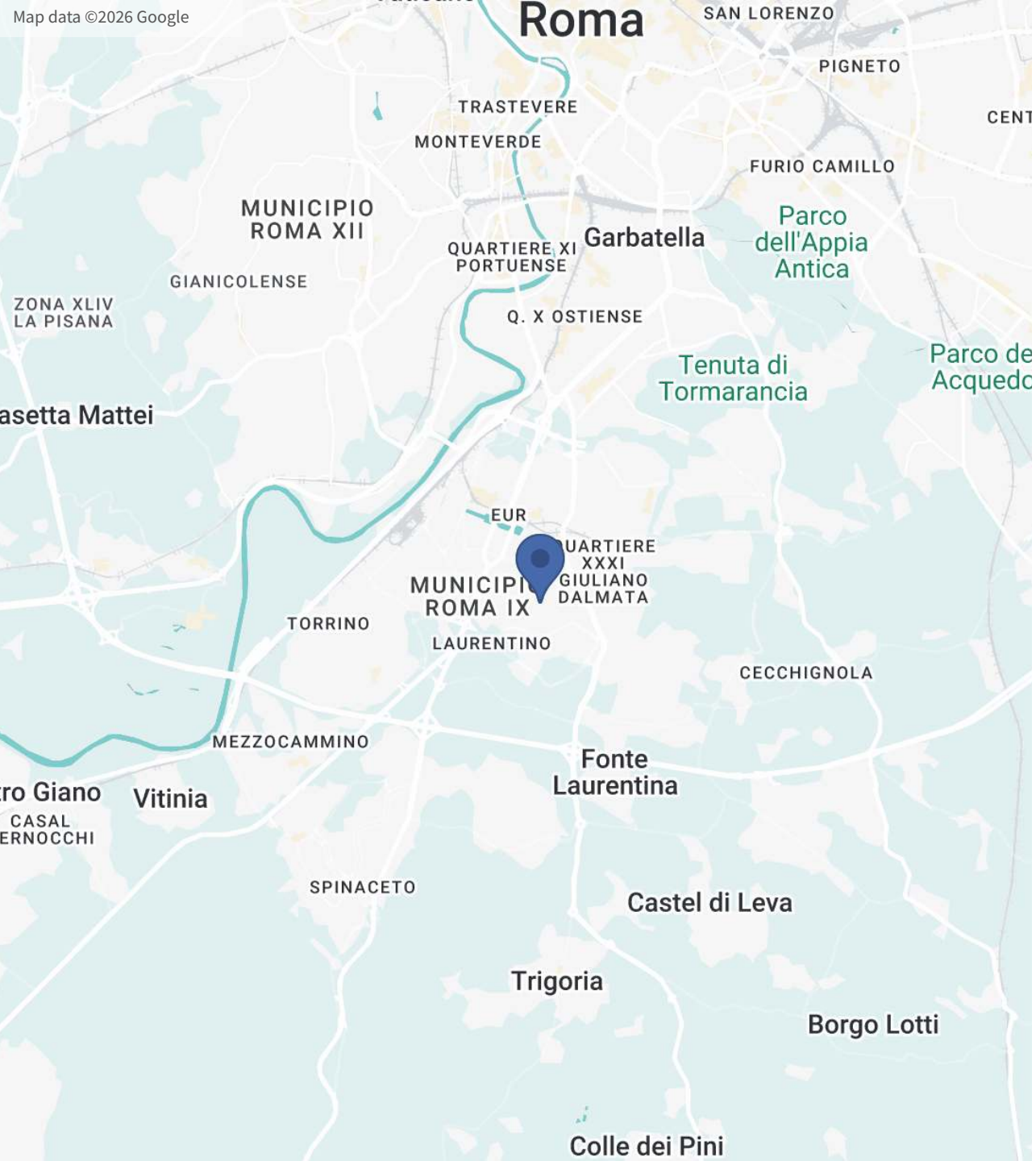
Bridge — €500K · Early Strategic Investment

- Single early backer · First-mover position before seed round closes
- Accelerates first pilot deployments — LOI pipeline activation
- US market entry — company structure setup and engagement with US defense and venture ecosystem
- The seed price is the cheapest entry point into a €2B exit trajectory

EXIT STRATEGY

A €2B target by 2030 — at the intersection of AI, neuroscience, defense, and regulated healthcare.

- **Target Financials — 2030**
  - ~€130M Revenue · ~€65M EBITDA · ~50% gross margin
  - Valuation logic: AI SaMD + dual-use defense software · 15×–30× revenue · 20× midpoint → ~€2B
- **Exit Timeline**
  - Seed (2026) → Series A (2027) → Series B (2028) → Series C (2029) → Strategic Exit (2030)
- **Strategic Acquisition Scenarios**
  - **Palantir**
    - Cognitive AI for defense and government
    - NeuroMind's COC aligns directly with Palantir's operational intelligence stack for NATO/DoD environments
  - **Big Pharma / CNS Leaders**
    - Roche · Johnson & Johnson · AstraZeneca
    - Digital biomarkers and psychiatric endpoints for CNS drug development
    - CE-marked platform as certified clinical trial infrastructure
  - **European Defense Primes**
    - Leonardo · Thales · Fincantieri
    - Strategic discussions already underway at VP level
    - Cognitive resilience as embedded capability for aerospace, naval, and SOC environments
  - **Emergin BCI Players**
    - Neuralink · Merge Labs As brain-computer interfaces expand into operational and clinical environments
    - NeuroMind's neurofunctional intelligence layer and EU MDR-aligned clinical platform represent a natural acquisition target for BCI players seeking regulated healthcare and defense market access.



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