

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK * In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 100649	2. Name of Corpore EpiVax, Inc	ation				
3. Street Address Principal Business Office 146 Clifford St			Providence	State RI	<i>Σιφ</i> 02903	
t. Business Phone No. 5. State of Incorporat 401-272-2123 Rhode Island		эн				
O engage in the busi	aracter of Business Conducted ness of developing vac	ccine and therapeatic d	rug candidates and related r	esearch and developme	ent	
7. NAMES AND ADDR	ESSES OF THE OFFIC	ERS: ("X" BOX FOR A	<i>TTACHMENT)</i> 🔲 FILL IN S	PACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name			
Anne De Groot			None			
Street Address 146 Clifford St			Street Address			
City	State	Ζίρ	City	State	Zip	
Providence	RI	02903				
Secretary Name Anne De Groot			Treasurer Name Anne De Groot			
Street Address			Street Address			
146 Clifford St			146 Clifford St			
City Providence	State RI	^{Zip} 02903	Gity Providence	State RI	02903	
8. NAMES AND ADDR	ESSES OF THE DIREC	TORS: ("X" BOX FOR	ATTACHMENT) 🔲 FILL IN	SPACES BEFORE USIN	IG ATTACHMENTS	
Director Name Anne De Groot			Director Name			
			None	None		
Street Address			Street Address			
146 Clifford St					Trans.	
City	State	Zip	Clly	State	Zφ	
Providence	RI	02903				
Director Name			Director Name			
None				None		
Street Address			Street Address			
City	State	Zip	City	State	Zip	
o entinhe apprioni	 ZED <i>("X" BOX FOR A</i>	 (TTACHMENT) □	: 10. SHARES ISSUED	("X" BOX FOR ATTAC	CHMENT) []	
	LLD (A BOATORA			ECTION MUST BE COMPLETE		
		Par Value	Number of Shares	Class/Series	Par Value	
AUTHORIZED SHARES	Class/Series					
AUTHORIZED SHARES Number of Shares	Class/Serles None		4800	None	None	
AUTHORIZED SHARES	Class/Serles None	None	4800	None	None	

File Date	FILED
Check No.	FEB 1 9 2008
Ву:	By D- 3210
1	FOR SECRETARY OF STATE USE ONLY

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Under penalty of perjury, I declare and affincluding any accompanying/schedules are	firm that I have examined this report,
contained herein are true and correct	- 2/13/08
Signature	Date
Anne De Groot	
Print or Type Name	•
CEO	
Tule	Form 630 Rev. 12/06