	State of Rhode Office of the Secreta).00
	Division Of Business	s Services	
	148 W. River S	treet	
	Providence RI 0290	04-2615	
1636	(401) 222-304	40	
Limited Partnership Annual Report Filing Period: February 1	- May 1		
file its annual report with	.L. 7-13.1-212(e), each partnership in thirty (30) days after the time pro is subject to a penalty fee of \$25.00	escribed by law	
ANNUAL REPORT YEA	R - ENTER THE CURRENT YEAR 2	024 : <u>2024</u>	
1. ID No. <u>00010988</u>	<u>6</u>		
2. Exact Name of the Partnership <u>BAYER CROPSCIENCE LP</u>			
3. State of Formation			
State: <u>DE</u>			
NAICS CODE			
•	S Code that best describes the prim les <u>here.</u> More information on <u>NAIC</u>	nary business conducted by the entity. <u>CS</u> can be found online.	
<u>551112</u>			
4. Brief Description of t Island	he Character of the Business Whi	ich is Actually Conducted in Rhode	
TO ENGAGE IN THE	CROP AND SEED BUSINESS.		
5. Principal Office Add	ress		
No. and Street: 800 N LINDBERGH BLVD			
City or Town: <u>SAI</u>	NT LOUIS Stat	te: \underline{MO} Zip: $\underline{63141}$ Country: \underline{USA}	
	ess address of each general part record a change in general partner(s) - use Form		
Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country	
PARTNER	BAYER CROPSCIENCE HOLDING INC.	800 N LINDBERGH BLVD SAINT LOUIS, MO 63141 USA	
<u> </u>	· I	·	

7. This report must be executed by a General Partner or by an Authorized Representative pursuant to R.I.G.L. 7-13.1.

Signed this 25 Day of April, 2024 at 1:10:31 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-13.1*

By JEFFREY MCFARLAND Signature of Authorized Person

Form No. 643 Revised 10/23

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