



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 539789		2. Exact name of the Corporation Mnemosyne Pharmaceuticals, Inc.			
3. Principal office address 1 Davol Square, Suite 105		City Providence	State RI	Zip 02903	
4. Business Phone No. (401) 632-0383		5. State of Incorporation Delaware			
6. Brief description of the character of business conducted in Rhode Island Drug discovery and development company					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Kollol Pal		Vice-President Name None			
Street Address 1 Davol Square, Suite 105		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
Secretary Name Kollol Pal		Treasurer Name Kollol Pal			
Street Address 1 Davol Square, Suite 105		Street Address 1 Davol Square, Suite 105			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Kollol Pal		Director Name James Bristol			
Street Address 1 Davol Square, Suite 105		Street Address 1 Davol Square, Suite 105			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Richard Horan		Director Name William Koster			
Street Address 1 Davol Square, Suite 105		Street Address 1 Davol Square, Suite 105			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,491,632	Common	\$.001 Par
			16,354,183	Series A Convertible Redeemable Preferred Stock	\$.001 Par

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____

Check No. _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 12 2014

By 49-219767
A.A.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Kollol Pal
Signature of Authorized Representative

February 27 2014
Date

Kollol Pal, President

Print or Type Name of Authorized Representative

Mnemosyne Pharmaceuticals, Inc.
Corporate ID No. 539789

Exhibit A
to the
2014 Rhode Island Profit Corporation Annual Report

7. Names and Addresses of Additional Officers:

Title	Name	Address
Chief Executive Officer	Kollol Pal	1 Davol Square, Suite 105 Providence, RI 02903
Chief Scientific Officer	Frank S. Menniti	1 Davol Square, Suite 105 Providence, RI 02903

8. Name and Address of Additional Director:

Title	Name	Address
Director	Peter Barrett	1 Davol Square, Suite 105 Providence, RI 02903

2014 MAR 12 PM 12:28
SECRETARY OF STATE
CORPORATIONS DIV