



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 2015

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 3 Davol Square Suite A425		City Providence	State RI	Zip 02903
4. Business Phone No. (401) 632-4556		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 type="checkbox"/>				
President Name Vanessa King, President		Vice-President Name None		
Street Address 3 Davol Square, Suite A425		Street Address		
City Providence	State RI	Zip 02903	City	State RI
Secretary Name Vanessa King		Treasurer Name Vanessa King		
Street Address 3 Davol Square, Suite A425		Street Address 3 Davol Square, Suite A425		
City Providence	State RI	Zip 02903	City Providence	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>				
Director Name Vanessa King		Director Name James Bristol		
Street Address 3 Davol Square, Suite A425		Street Address 3 Davol Square, Suite A425		
City Providence	State RI	Zip 02903	City Providence	State RI
Director Name Richard Horan		Director Name William Koster		
Street Address 3 Davol Square, Suite A425		Street Address 3 Davol Square, Suite A425		
City Providence	State RI	Zip 02903	City Providence	State RI
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
		1,528,444	Common	\$.001 Par
		24,294,407		\$.001 Par

2015 APR 13 AM 11:01
 SECRETARY OF STATE
 CORPORATIONS DIV

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

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.

Signature of Authorized Representative _____ Date March 2, 2015

Vanessa King, President
 Print or Type Name of Authorized Representative

Form No. 639
 Revised: 01/2012

FILED

APR 13 2015

11:02

BY 246743