



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000923505

2. Name of Corporation INRhode Pharmaceuticals

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 21 BOYLSTON AVE

City or Town: PROVIDENCE

State: RI

Zip: 02906

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

THE PURPOSE OF INRHODE PHARMACEUTICALS IS TO DEVELOP AND EXPAND ACCESS TO A NASAL NALOXONE PRODUCT TO TREAT OPIOID OVERDOSE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	EDWARD DOUGLAS KRAMER	71 KENSINGTON RD. STAMFORD, CT 06905 USA
DIRECTOR	SANDRA COMER	1051 RIVERSIDE DRIVE NEW YORK, NY 10032 USA

DIRECTOR	TRACI C GREEN	67 MARSHALL ST MEDFORD, MA 02155 USA
DIRECTOR	JOSIAH D RICH	21 BOYLSTON AVE PROVIDENCE, RI 02906 USA
DIRECTOR	NABARUN DASGUPTA	556 E. EDENTON ST. RALEIGH, NC 27601 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

JOSIAH D. RICH 21 BOYLSTON AVE PROVIDENCE , RI 02906

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 19 Day of May, 2015 at 3:53:56 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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By JOSIAH D. RICH
Signature of Authorized Person

Form No. 631
Revised 09/07

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