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

Fee: $50.00

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

Foreign Business Corporation
Annual Report

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000160311

2. Name of Corporation NOVARTIS CONSUMER HEALTH, INC.

3. Street Address Principal Business Office:

No. and Street: 1000 GSK DRIVE
City or Town: MOON TOWNSHIP State: PA Zip: 15108 Country: USA

4. Business Phone No.

2157515124

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

MANUFACTURE AND WHOLESALE DISTRIBUTION OF OVER THE COUNTER MEDICATIONS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	COLIN MACKENZIE	1000 GSK DRIVE MOON TOWNSHIP, PA 15108 USA
SECRETARY	WILLIAM J. MOSHER	1000 GSK DRIVE MOON TOWNSHIP, PA 15108 USA
TREASURER	NORMAN J. VOJIR	1000 GSK DRIVE MOON TOWNSHIP, PA 15108 USA
VICE PRESIDENT	GREG G. TOLE	1000 GSK DRIVE MOON TOWNSHIP, PA 15108 USA

VICE PRESIDENT	THERESA AGNEW	1000 GSK DRIVE MOON TOWNSHIP, PA 15108 USA
VICE PRESIDENT	NORMAN J. VOJIR	1000 GSK DRIVE MOON TOWNSHIP, PA 15108 USA
DIRECTOR	WILLIAM J. MOSHER	1000 GSK DRIVE MOON TOWNSHIP, PA 15108 USA
DIRECTOR	NORMAN J. VOJIR	1000 GSK DRIVE MOON TOWNSHIP, PA 15108 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CWP		$2,000.0000	2,500.00	2500
PWP		$4,500.0000	7,500.00	7500

9. 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.

Signed this 19 Day of February, 2016 at 12:56:46 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By WILLIAM J. MOSHER
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved