



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 **2016**

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. 103580		2. Exact name of the Corporation Boston Scientific Corporation			
3. Principal office address 300 Boston Scientific Way			City Marlborough	State MA	Zip 01752
4. Business Phone No. 508-683-4000			5. State of Incorporation Delaware		
6. Brief description of the character of business conducted in Rhode Island Sales of Medical Devices					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Michael F. Mahoney			Vice-President Name Daniel J. Brennan		
Street Address 300 Boston Scientific Way			Street Address 300 Boston Scientific Way		
City Marlborough	State MA	Zip 01752	City Marlborough	State MA	Zip 01752
Secretary Name Vance R. Brown			Treasurer Name Robert J. Castagna		
Street Address 300 Boston Scientific Way			Street Address 300 Boston Scientific Way		
City Marlborough	State MA	Zip 01752	City Marlborough	State MA	Zip 01752
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Mark R. Slicer			Director Name Vance R. Brown		
Street Address 300 Boston Scientific Way			Street Address 300 Boston Scientific Way		
City Marlborough	State MA	Zip 01752	City Marlborough	State MA	Zip 01752
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			1,575,018,236	Common	0.01
			0	Preferred	0.01

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

FEB 22 2016

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]

Signature of Authorized Representative

02/04/2016

Date

Douglas J. Cronin

By KL 101805730

or Type Name of Authorized Representative