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

No Fee

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

Foreign Business Corp
Annual Report - Amended

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 001256304

2. Name of Corporation Piramal Critical Care, Inc.

3. Street Address Principal Business Office:

No. and Street: 3950 SCHELDEN CIRCLE
City or Town: BETHLEHEM State: PA Zip: 18017 Country: USA

5. State of Incorporation

State: DE

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

PHARMACEUTICAL MANUFACTURER AND DISTRIBUTOR

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	PETER DEYOUNG	3950 SCHELDEN CIRCLE BETHLEHEM, PA 18017 USA
TREASURER	MAHESH SANE	3950 SCHELDEN CIR BETHLEHEM, PA 18017 USA
SECRETARY	PRIYANK KOTHARI	3950 SCHELDEN CIRCLE BETHLEHEM, PA 18017 USA
DIRECTOR	VIVEK VALSARAJ	3950 SCHELDEN CIR BETHLEHEM, PA 18017 USA
DIRECTOR	MAHESH SANE	3950 SCHELDEN CIRCLE BETHLEHEM, PA 18017 USA
DIRECTOR	PRIYANK KOTHARI	3950 SCHELDEN CIRCLE BETHLEHEM, PA 18017 USA
VICE PRESIDENT	MICHAEL TEAGUE	3950 SCHELDEN CIRCLE BETHLEHEM, PA 18017 USA

DIRECTOR	VIVEK SHARMA	3950 SCHELDEN CIRCLE BETHLEHEM, PA 18017 USA
DIRECTOR	PETER DEYOUNG	3950 SCHELDEN CIRCLE BETHLEHEM, PA 18017 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		$1.0000	10,000,000.00	10000000

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 4 Day of May, 2016 at 12:06:06 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 PETER DEYOUNG
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

May 04, 2016 12:05 PM

Nellie M. Gorbea
Secretary of State

0-7528-0