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: 2017

1. Corporate ID No. 001658740

2. Name of Corporation REGENERON HEALTHCARE SOLUTIONS, INC.

3. Street Address Principal Business Office:

No. and Street: 745 OLD SAW MILL RIVER ROAD
City or Town: TARRYTOWN State: NY Zip: 10591 Country: USA

4. Business Phone No.

5. State of Incorporation

State: NY

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code 6 81

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

THE PRODUCTION, MARKETING, DISTRIBUTION AND SALE OF PHARMACEUTICAL PRODUCTS.

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	LEONARD S SCHIEFER	745 OLD SAW MILL RIVER ROAD TARRYTOWN, NY 10591 USA

0-3973-0

TREASURER	AARON A ONDREY	745 OLD SAW MILL RIVER ROAD TARRYTOWN, NY 10591 USA
SECRETARY	JOSEPH LAROSA	745 OLD SAW MILL RIVER ROAD TARRYTOWN, NY 10591 USA
DIRECTOR	CHARLES A BAKER	745 OLD SAW MILL RIVER ROAD TARRYTOWN, NY 10591 USA
DIRECTOR	PINDAROS ROY VAGELOS	745 OLD SAW MILL RIVER ROAD TARRYTOWN, NY 10591 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		$0.0100	1,000.00	1000

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 1 Day of February, 2017 at 2:17:01 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 KELLY LETTMANN
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07