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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: 2019

1. Corporate ID No. 001686698

2. Name of Corporation Rubius Therapeutics, Inc.

3. Street Address Principal Business Office:

No. and Street: <u>399 BINNEY ST.</u>

SUITE 300

City or Town: CAMBRIDGE State: MA Zip: 02139 Country: USA

4. Business Phone No.

617-679-9600

5. State of Incorporation

State: DE

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

325414

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

RUBIUS IS DEVELOPING A NEW CLASS OF CELLULAR MEDICINES, RED CELL THERAPEUTICS, OR RCTS.

BASED ON OUR VISION THAT HUMAN RED BLOOD CELLS ARE THE FOUNDATION OF THE NEXT SIGNIFICANT

INNOVATION IN MEDICINE, WE HAVE DESIGNED A PROPRIETARY PLATFORM TO GENETICALLY ENGINEER

AND CULTURE RCTS THAT ARE SELECTIVE, POTENT AND READY TO USE CELLULAR THERAPIES. WE

BELIEVE THAT OUR RCTS WILL PROVIDE LIFE CHANGING OR LIFE-SAVING BENEFITS FOR PATIENTS WITH

SEVERE DISEASES ACROSS MULTIPLE THERAPEUTIC AREAS.

IN JULY 2018, WE PURCHASED A MANUFACTURING FACILITY IN SMITHFIELD, RHODE ISLAND, WHERE

<u>WE WILL MANUFACTURE RCTS IN BIOREACTORS THAT WE INTEND TO SCALE TO</u> THOUSANDS OF LITERS.

THIS WILL ENABLE US TO MANUFACTURE MULTIPLE RCTS, AS WELL AS LENTIVIRAL VECTORS, IN A CGMP

COMPLIANT MANNER FOR CLINICAL SUPPLY AND, IF APPROVED, EXPAND CAPACITY FOR COMMERCIAL

SUPPLY OF OUR RCT PRODUCT CANDIDATES.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address Address, City or Town, State, Zip Code, Country	
	First, Middle, Last, Suffix		
PRESIDENT	TORBEN STRAIGHT NISSEN	399 BINNEY ST., SUITE 300 CAMBRIDGE, MA 02139 USA	
CEO	PABLO CAGNONI	399 BINNEY ST., SUITE 300 CAMBRIDGE, MA 02139 USA	
CFO	ANDREW OH	399 BINNEY ST., SUITE 300 CAMBRIDGE, MA 02139 USA	
СМО	CHRISTOPHER CARPENTER	399 BINNEY ST., SUITE 300 CAMBRIDGE, MA 02139 USA	
DIRECTOR	DAVID EPSTEIN	55 CAMBRIDGE PKWY, SUITE 800E CAMBRIDGE, MA 02412 USA	
DIRECTOR	NOUBAR AFEYAN	55 CAMBRIDGE PKWY, SUITE 800E CAMBRIDGE, MA 02142 USA	
DIRECTOR	FRANCIS CUSS	55 CAMBRIDGE PKWY, SUITE 800E CAMBRIDGE, MA 02142 USA	
DIRECTOR	ROBERT LANGER	55 CAMBRIDGE PKWY, SUITE 800E CAMBRIDGE, MA 02142 USA	
DIRECTOR	ROGER POMERANTZ	55 CAMBRIDGE PKWY, SUITE 800E CAMBRIDGE, MA 02142 USA	
DIRECTOR	MICHAEL ROSENBLATT	55 CAMBRIDGE PKWY, SUITE 800E CAMBRIDGE, MA 02142 USA	
DIRECTOR	CATHERINE SOHN	55 CAMBRIDGE PKWY, SUITE 800E CAMBRIDGE, MA 02142 USA	
DIRECTOR	JONATHAN SYMONDS	55 CAMBRIDGE PKWY, SUITE 800E CAMBRIDGE, MA 02142 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		\$0.0010	150,000,000.00	79234853
PWP		\$0.0100	10,000,000.00	0

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 March, 2019 at 12:41:14 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 JOANNE PROTANO

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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