



State of Rhode Island and Providence Plantations
 Department of State - Business Services Division

Annual Report for the year: **2019**
 Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000123025		2. Exact name of the Corporation Millennium Pharmaceuticals, Inc.			
3. Principal Office Address 40 Landsdowne Street			City Cambridge	State MA	Zip 02139
4. NAICS Code 541700		6. Brief description of the character of business conducted in Rhode Island Research; Pharmaceuticals			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name Christophe Bianchi			Vice-President Name		
Street Address 40 Landsdowne Street			Street Address		
City Cambridge	State MA	Zip 02139	City	State	Zip
Secretary Name Kenneth D. Greisman			Treasurer Name Fabien Dubois		
Street Address One Takeda Parkway			Street Address 40 Landsdowne Street		
City Deerfield	State IL	Zip 60015	City Cambridge	State MA	Zip 02139
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Christophe Bianchi			Director Name Fabien Dubois		
Street Address 40 Landsdowne Street			Street Address 40 Landsdowne Street		
City Cambridge	State MA	Zip 02139	City Cambridge	State MA	Zip 02139
Director Name Nenad Grmusa			Director Name		
Street Address 40 Landsdowne Street			Street Address		
City Cambridge	State MA	Zip 02139	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		93.726600		Common Stock	
		1,800		Preferred	
		PAR VALUE		0.001000	
				0.010000	
11. 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. <i>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.</i>					
Name of Authorized Representative Patrick Butler					Date 2/1/19
Signature of Authorized Representative FILED SIGN DOCUMENT KM					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2815
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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