RI SOS Filing Number: 201992216530 Date: 5/10/2019 12:06:00 PM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

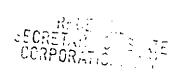
Annual Report for the year: 2017

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.



2019 MAY 10 PH 12: 03

1. Entity ID Number	2. Exact nam	2. Exact name of the Corporation					
000903959	MERCK	MERCK SHARP & DOHME CORP.					
3. Principal Office Address			City		State	Zip	
One Merck Drive			Whitehouse	Station	NJ	08889	
4. NAICS Code リカリスノン 5. State of Incorporation		6. Brief description of the character of business conducted in Rhode Island Sale of pharmaceuticals					
New Jersey							
List ALL officers (names ar	nd addresses)				heck the box to in	dicate an attachment 🗀	
President Name Rita Karachu	Vice-President Name Jerome Mychalowych						
Street Address 2000 Gallopin	Street Address 2000 Galloping Hill Road						
City Kenllworth	State NJ	Zip 07033	City Kenilworth		State NJ	Zip 07033	
Secretary Name Geralyn Ritter			Treasurer Name Mark McDonough				
Street Address 2000 Galloping Hill Road			Street Address 2000 Galloping Hill Road				
^{City} Kenllworth	State NJ	^{Zip} 07033	City Kenilworth		State NJ	^{Zip} 07033	
8. List ALL directors (names	and addresses)		<u> </u>	C	heck the box to in	dicate an attachment 🔲	
Director Name Jon Filderman			Director Name	Director Name Rita Karachun			
Street Address 2000 Galloping Hill Road			Street Addres	Street Address 2000 Galloping Hill Road			
City Kenllworth	State NJ	ZIP 07033	City Kenllworth		State NJ	Zip 07033	
Director Name Mark McDonough			Director Name				
Street Address 2000 Gallopin			Street Addres	S	<u>.</u>	71.7	
^{City} Kenilworth	State NJ	^{Zip} 07033	City		State	Zip	
9. Shares Authorized	·	10. Shares Issued		Check the box to indicate an attachment			
This information is currently of record in the Department of State.			NUMBER OF SHARES		CLASS/SERIES PAR VALUE		
Changes require an additional filing.		100,000		Common	l 	1.00	
11. This report must be exec					corporation is in t	he hands of a receiver or	
trustee, this report must be e Under penalty of perjury, I					accompanying so	hedules and	
statements, and that all sta	itements contained					<u></u>	
Name of Authorized Represe Faye C Brown	entative				Date 5/2/	2019	
Signature of Authorized Repo	resentative	100 C	B-			* * * * * * * * * * * * * * * * * * * *	
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov MAY 1 0 2019 12:06

BY AL ET348

FORM 630 - Revised: 10/2017