

State of Rhode Island and Providence Plantations

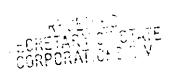
Department of State - Business Services Division

Annual Report for the year: 2018
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 PM 12: 03

Entity ID Number	2. Exact nam	2. Exact name of the Corporation MERCK SHARP & DOHME CORP.					
000903959	MERCK						
3. Principal Office Address			City		State	Zip	
One Merck Drive			Whitehouse	Station	NJ	08889	
4. NAICS Code 424210		6. Brief description of the character of business conducted in Rhode Island Sale of pharmaceuticals					
5. State of Incorporation New Jersey							
7. List ALL officers (names ar	nd addresses)	·		Chec	k the box to in	ndicate an attachment	
President Name Rita Karachun			Vice-President Name Jerome Mychalowych				
Street Address 2000 Galloping Hill Road			Street Address 2000 Galloping Hill Road				
City Kenilworth	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} Kenilworth	State NJ	^{Zip} 07033	City Kenilworth		State NJ	State NJ Zrp 07033	
8. List ALL directors (names a	and addresses)			Chec	k the box to ii	ndicate an attachment 🔲	
Director Name Jon Filderman			Director Nam	Director Name Rita Karachun			
Street Address 2000 Galloping Hill Road			Street Address 2000 Galloping Hill Road				
City Kenilworth	State NJ	^{Zip} 07033	City Kenilworth		State NJ	Zip 07033	
Director Name Mark McDonough			Director Name				
Street Address 2000 Galloping Hill Road			Street Address				
City Kenilworth	State NJ	^{Zip} 07033	City		State	Zip	
3. Shares Authorized		10. Shares Is:	10. Shares Issued		Check the box to indicate an attachment		
This Information is currently of record in the Department of State.		NUMBER OF SHARES		T T	CLASS/SERIES PAR VALUE		
Changes require an additional filing.		100,000		Common		1.00	
11. This report must be executrustee, this report must be ex					oration is in t	he hands of a receiver or	
Under penalty of perjury, I o				including any acco	mpanying s	chedules and	
statements, and that all statements contained herein are true and correct. Name of Authorized Representative Date							
Faye C Brown					5/2	2/2019	
Signature of Authorized Repr	esentative	Agre	m	May 1500	-	i	
MAII TO				Name of the			

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 12:05

FORM 630 - Revised: 10/2017

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