




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.

SECRETARY OF STATE
CORPORATION DIV

2019 MAY 10 PM 12:03

1. Entity ID Number 000903959		2. Exact name of the Corporation MERCK SHARP & DOHME CORP.			
3. Principal Office Address One Merck Drive		City Whitehouse Station	State NJ	Zip 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 and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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	Zip 07033
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Jon Filderman		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
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	PAR VALUE
		100,000		Common	1.00
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. 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.					
Name of Authorized Representative Faye C Brown					Date 5/2/2019
Signature of Authorized Representative 					

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 10 2019 12:05

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