



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

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 SECRETARY OF STATE
 CORPORATION DIVISION
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| 1. Entity ID Number 001661623 | | 2. Exact name of the Corporation 340B TECHNOLOGIES, INC. | | | | | | | | | | | | |
|---|--------------|--|---------------------|------------------------------------|--------------|------------------|--------------|-----------|---------|-----------------|---------|-----------|--------------|---------|
| 3. Principal Office Address 161 Gaither Drive, STE 201 | | | City Mt. Laurel | State NJ | Zip 08054 | | | | | | | | | |
| 4. NAICS Code 541519 | | 6. Brief description of the character of business conducted in Rhode Island THIS CORPORATION SPECIALIZES IN 340B AND HEALTHCARE SPECIFIC TECHNOLOGY | | | | | | | | | | | | |
| 5. State of Incorporation DE | | | | | | | | | | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| President Name COLLEEN DICLAUDIO | | | Vice-President Name | | | | | | | | | | | |
| Street Address 161 GAITHER DR STE 201 | | | Street Address | | | | | | | | | | | |
| City MT. LAUREL | State NJ | Zip 08054 | City | State | Zip | | | | | | | | | |
| Secretary Name | | | Treasurer Name | | | | | | | | | | | |
| Street Address | | | Street Address | | | | | | | | | | | |
| City | State | Zip | City | State | Zip | | | | | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/> | | | | | | | | | | | | | | |
| Director Name | | | Director Name | | | | | | | | | | | |
| Street Address | | | Street Address | | | | | | | | | | | |
| City | State | Zip | City | State | Zip | | | | | | | | | |
| Director Name | | | Director Name | | | | | | | | | | | |
| Street Address | | | Street Address | | | | | | | | | | | |
| City | State | Zip | 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. | | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>500,000</td> <td>Preferred Stock</td> <td>\$0.001</td> </tr> <tr> <td>3,100,000</td> <td>Common Stock</td> <td>\$0.001</td> </tr> </tbody> </table> | | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 500,000 | Preferred Stock | \$0.001 | 3,100,000 | Common Stock | \$0.001 |
| | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | | | | | | | | | | |
| | | 500,000 | Preferred Stock | \$0.001 | | | | | | | | | | |
| 3,100,000 | Common Stock | \$0.001 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 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 COLLEEN DICLAUDIO | | | | Date 3/11/2020 | | | | | | | | | | |
| Signature of Authorized Representative <i>Colleen Diclaudio</i> | | | | SIGN DOCUMENT HERE FILED | | | | | | | | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2017

340B Technologies, Inc.
FEIN: 47-1520516
For Tax Period Ended 12/31/2020

Rhode Island Annual Report (Form 630) Section 8 Attachment

| Title | Individual Name | Address |
|----------|------------------|---|
| CEO | GONEN ANTEBI | 161 GAITHER DR, STE 201 MT. LAUREL, NJ 08054 |
| DIRECTOR | EDMUNDO GONZALEZ | 161 GAITHER DR, STE 201 MT. LAUREL, NJ 08054 |
| DIRECTOR | YARON EITAN | 161 GAITHER DR, STE 201 MT. LAUREL, NJ 08054 |
| DIRECTOR | KERRY PROPPER | 161 GAITHER DR, STE 201 MT. LAUREL, NJ 08054 |
| DIRECTOR | CHANDLER RAPSON | 161 GAITHER DR, STE 201 MT. LAUREL, NJ 08054 |
| DIRECTOR | WAYNE WATERS | 161 GAITHER DR, STE 201 MT. LAUREL, NJ 08054 |
| DIRECTOR | STEVEN SCHLAM | 161 GAITHER DR, STE 201 MT. LAUREL, NJ 08054 |