RI SOS Filing Number: 202040323150 Date: 5/15/2020 10:06:00 AM

City State Zip Check the box to indicate an attachment 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642. 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 Person Nicole G. Price Date April 28, 2020	State of Rhode Islan Department of			es Division			
Limited Liability Company → Filing period: September 1 - November 1 Filing Fee: \$50.00 → Penalty: Additional \$25.00 fee if form is not filed by December 1. 1. Entity ID Number 001214175 Additional \$25.00 fee if form is not filed by December 1. Capture	Annual Report for the	year: 20					
1. Entity ID Number 001214175 2. Exact name of the Limited Liability Company KidSVax, LLC 3. NAICS Code 4. Brief description of the character of business conducted in Rhode Island Administrator of vaccine programs 5. State of Formation NH 6. Principal Office Address P. O. Box 1885 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Nicole G. Price City Concord State NH Zip 03301 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Fred L. Potter Street Address 125 North State Street Street Address 125 North State Street Street Address St	→ Filing period: Septemb → Filing Fee: \$50.00	R.I. DEPT BUS'S					
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Signature of Authorized Person	•	1	1				
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MAIL TO:

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Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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