



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

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

FILED STAMP

FEB 03 2021

101993022

1. Entity ID Number 000103580		2. Exact name of the Corporation Boston Scientific Corporation	
3. Principal Office Address 300 Boston Scientific Way		City Marlborough	State MA Zip 01752
4. NAICS Code 561990	6. Brief description of the character of business conducted in Rhode Island Packaging and labeling services		
5. State of Incorporation Delaware			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Michael F. Mahoney		Vice-President Name Daniel J. Brennan	
Street Address 300 Boston Scientific Way		Street Address 300 Boston Scientific Way	
City Marlborough	State MA	Zip 01752	City Marlborough State MA Zip 01752
Secretary Name Desiree Ralls Morrison		Treasurer Name Robert J. Castagna	
Street Address 300 Boston Scientific Way		Street Address 300 Boston Scientific Way	
City Marlborough	State MA	Zip 01752	City Marlborough State MA Zip 01752
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name Nelda J. Connors		Director Name Charles J. Dockendorff	
Street Address 300 Boston Scientific Way		Street Address 300 Boston Scientific Way	
City Marlborough	State MA	Zip 01752	City Marlborough State MA Zip 01752
Director Name Donna A. James		Director Name Yoshiaki Fujimori	
Street Address 300 Boston Scientific Way		Street Address 300 Boston Scientific Way	
City Marlborough	State MA	Zip 01752	City Marlborough State MA Zip 01752
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		1,642,488,911	Common 0.01
		0	Preferred 0.01
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 Douglas J. Cronin, V.P. Corporate Tax		Date 01/25/2020	
Signature of Authorized Representative			