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
BY 101993022

1. Entity ID Number	2. Exact name of the Corporation
000103580	Boston Scientific Corporation

3. Principal Office Address	City	State	Zip
300 Boston Scientific Way	Marlborough	MA	01752

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
561990	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	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	Date
Douglas J. Cronin, V.P. Corporate Tax	01/25/2020

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

FORM 630 - Revised: 08/2020