



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Application for Registration**  
 FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV.

2021 FEB 23 P 1:06

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:		
Servier Pharmaceuticals LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The LLC is organized under the laws of: Delaware		
3. The date of its organization is: 04/13/2018		
And the period of its duration is: <b>CHECK ONE BOX ONLY</b>		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name C T Corporation System		
Street Address (NOT a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A		
City/Town East Providence	State <b>RHODE ISLAND</b>	Zip Code 02914
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are: Develop, manufacture, distribution and sale of pharmaceutical therapies.		
Check the box to indicate an attachment <input type="checkbox"/>		

**MAIL TO:**

**Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

**FILED**

FEB 23 2021

BY *[Signature]*

FORM 450 - Revised 11/2019

6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

200 Pier Four Blvd, 7th Fl., Boston, MA 02210

8. The mailing address for the limited liability company is:

200 Pier Four Blvd, 7th Fl., Boston, MA 02210

9. Management of the Limited Liability Company:

The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**

☐ By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)

☒ By one (1) or more managers (List managers below) **SEE ATTACHMENT**

MANAGER	ADDRESS
David Lee	200 Pier Four Blvd, 7th Fl., Boston, MA 02210
Denise Razon	200 Pier Four Blvd, 7th Fl., Boston, MA 02210
Bart van Rhijn	200 Pier Four Blvd, 7th Fl., Boston, MA 02210
Donna Vieraits	200 Pier Four Blvd, 7th Fl., Boston, MA 02210

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) \_\_\_\_\_

*Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of LLC Servier Pharmaceuticals LLC	Date 12/21/2020
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Signature of Authorized Person

*Bart van Rhijn*

Bart van Rhijn, Manager

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).

FORM 450 - Revised: 11/2019

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**Attachment to Rhode Island  
Member / Manager Information**

1. Full Name:	Michael Bolton
Member/Manager:	Manager
Business Address:	200 Pier Four Blvd, 7th Fl.
City:	Boston
State:	MA
ZIP Code:	02210

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "SERVIER PHARMACEUTICALS LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE FOURTEENTH DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.



6843531 8300

SR# 20210113154

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

A handwritten signature of Jeffrey W. Bullock in black ink, written over a horizontal line.

Jeffrey W. Bullock, Secretary of State

Authentication: 202288459

Date: 01-14-21



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

February 23, 2021 01:06 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

