



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

→ Filing period: January 1 - March 1 AMENDED

Filing Fee: \$50.00

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

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

2021 MAR -2 P 1:26

1. Entity ID Number 000271999		2. Exact name of the Corporation ProThera Biologics, Inc.												
3. Principal Office Address 349 Eddy Street			City Providence	State RI	Zip 02903									
4. NAICS Code 541714		6. Brief description of the character of business conducted in Rhode Island Biotherapeutics Research and Development Company												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Denice Spero			Vice-President Name											
Street Address 349 Eddy Street			Street Address											
City Providence	State RI	Zip 02903	City	State	Zip									
Secretary Name Same as above			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 ☒														
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>1,144,994</td> <td>CWP</td> <td>\$0.0010</td> </tr> <tr> <td>22,391</td> <td>PWP</td> <td>\$0.0010</td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1,144,994	CWP	\$0.0010	22,391	PWP	\$0.0010
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1,144,994	CWP	\$0.0010												
22,391	PWP	\$0.0010												
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 Denice M. Spero				Date 3/2/2021										
Signature of Authorized Representative <i>Denice Spero</i>														

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.n.gov

FILED

FORM 630 - Revised: 08/2020

MAR 2 2021

BY *[Signature]*

AMMENDED

271999

ProThera Biologics, Inc.
349 Eddy Street
Providence, RI 02903

List of Directors 3/2/2021

Richard Horan	349 Eddy Street Providence, RI 02903
Yow-Pin Lim	349 Eddy Street Providence, RI 02903
Douglas Hixson	349 Eddy Street Providence, RI 02903
Richard Andrews	349 Eddy Street Providence, RI 02903



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:

March 02, 2021 01:26 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

