



**State of Rhode Island  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corp  
Annual Report - Amended**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.*

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2022

**1. Corporate ID No.** 001692856

**2. Name of Corporation** SILK ROAD MEDICAL, INC.

**3. Street Address Principal Business Office:**

No. and Street: 1213 INNSBRUCK DRIVE

City or Town: SUNNYVALE

State: CA

Zip: 94089

Country: USA

**5. State of Incorporation**

State: DE

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

339112

**6. Brief Description of the Character of Business Conducted in Rhode Island**

MEDICAL DEVICE

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

| Title     | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT | ERICA ROGERS                                   | 1213 INNSBRUCK DRIVE<br>SUNNYVALE, CA 94089 USA            |
| TREASURER | LUCAS BUCHANAN                                 | 1213 INNSBRUCK DRIVE<br>SUNNYVALE, CA 94089 USA            |
| SECRETARY | PHILIP OETTINGER                               | 1213 INNSBRUCK DRIVE                                       |

|          |                      |                                                 |
|----------|----------------------|-------------------------------------------------|
|          |                      | SUNNYVALE, CA 94089 USA                         |
| DIRECTOR | ELIZABETH WEATHERMAN | 1213 INNSBRUCK DRIVE<br>SUNNYVALE, CA 94089 USA |
| DIRECTOR | RICK ANDERSON        | 1213 INNSBRUCK DRIVE<br>SUNNYVALE, CA 94089 USA |
| DIRECTOR | JACK LASERSOHN       | 1213 INNSBRUCK DRIVE<br>SUNNYVALE, CA 94089 USA |
| DIRECTOR | ERICA ROGERS         | 1213 INNSBRUCK DRIVE<br>SUNNYVALE, CA 94089 USA |
| DIRECTOR | DONALD ZURBAY        | 1213 INNSBRUCK DRIVE<br>SUNNYVALE, CA 94089 USA |
| DIRECTOR | TONY CHOU            | 1213 INNSBRUCK DRIVE<br>SUNNYVALE, CA 94089 USA |
| DIRECTOR | TANISHA CARINO       | 1213 INNSBRUCK DRIVE<br>SUNNYVALE, CA 94089 USA |
| DIRECTOR | KEVIN BALLINGER      | 1213 INNSBRUCK DRIVE<br>SUNNYVALE, CA 94089 USA |

## 8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized<br>Shares<br><i>Number of Shares</i> | Total Issued<br>and<br>Outstanding<br><i>Num of<br/>Shares</i> |
|----------------|-----------------|---------------------|-------------------------------------------------------|----------------------------------------------------------------|
| PWP            |                 | \$0.0010            | 64,987,964.00                                         | 0                                                              |
| CWP            |                 | \$0.0010            | 80,673,895.00                                         | 34854822                                                       |

**9. 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.**

**Signed this 21 Day of June, 2022 at 3:57:08 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MANDY HENDRICKS

Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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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:

June 21, 2022 03:56 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea", is written in a cursive style.

Nellie M. Gorbea  
*Secretary of State*

