RI SOS Filing Number: 202326894800 Date: 1/30/2023 12:34:00 PM

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2023 JAN 30 PM 12:32

1. Entity ID Number	2. Exact name of the Corporation		
001705720	Bolden Therapeutics, Inc.		
3. Principal Office Address	City	State	Zip
225 Dyer St	Providence	RI	02903
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
541714	Drug development for neurological diseases		
5. State of Incorporation			
Delaware			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: John S. Page			Vice-President Name:		
Street Address: 225 Dyer St			Street Address:		
City: Providence	State: RI	Zip: 02903	City:	State:	Zip:
Secretary Name: John S. Page			Treasurer Name: John S. Page		
Street Address: 225 Dyer St			Street Address: 225 Dyer St		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Justin Fallon			Director Name: Charles Polsky		
Street Address: 225 Dyer St			Street Address: 225 Dyer St		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903
Director Name: Ashley Webb			Director Name: Sudhir Agrawal		
Street Address: 225 Dyer St			Street Address: 225 Dyer St		
City: Providence	State: RI	Zip: 02903	City: Providence	State: RI	Zip: 02903

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
5228553	common	0.20

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
John S. Page	1/30/23

Signature of Authorized Representative: John S. Page

FILED

JAN 30 2023

BY JJK95
12:34 PM

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: 11/2021