State of Rhode Island       Fee: \$50.00         Office of the Secretary of State       Division Of Business Services         148 W. River Street       Providence RI 02904-2615         Providence RI 02904-2615       (401) 222-3040         Limited Liability Company       Annual Report         Filing Penod: February 1 - May 1       In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to the its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(d)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2023       1. ID No. 001214175         2. Exact Name of the Limited Liability Company KIDSVAX, LLC       3.         3. State of Formation       State: NH         State: NH       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.         \$41990       4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         ADMINISTRATOR OF VACCINE PROGRAMS,       5. Principal Office Address         No. and Street:       P.O. BOX 1885         City or Town:       CONCORD       State: NH       Zip: 03302       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:       Contact Name: Contact Title:       No. and Street: 125 NORT
148 W. River Street         Providence RI 02904-2615         (401) 222-3040         Limited Liability Company         Annual Report         Filing Period: February 1 - May 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2023         1. ID No.       001214175         2. Exact Name of the Limited Liability Company KIDSVAX, LLC         3. State of Formation         State: NH         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.         541990         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         ADMINISTRATOR OF VACCINE PROGRAMS.         5. Principal Office Address         No. and Street: P.O. BOX 1885 City or Town: CONCORD State: NH Zip: 03302 Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: Contact Title: No. and Street: 125 NORTH STATE STREET City or Town: CONCORD State: NH Zip: 03301 Country: USA
Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Filing Period: February 1 - May 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusion to file is annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2023         1. ID No.       001214175         2. Exact Name of the Limited Liability Company KIDSVAX, LLC         3. State of Formation         State: NH         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.         541990         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         ADMINISTRATOR OF VACCINE PROGRAMS.         5. Principal Office Address         No. and Street: P.O. BOX 1885 City or Town: CONCORD State: NH Zip: 03302 Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 125 NORTH STATE STREET City or Town: CONCORD State: NH Zip: 03301 Country: USA
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No. and Street:125 NORTH STATE STREETCity or Town:CONCORDState: NHZip: 03301Country: USA
City or Town: CONCORD State: NH Zip: 03301 Country: USA
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11
INCORP SERVICES, INC. 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 11 Day of April, 2023 at 12:38:04 PM by the authorized person.** *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>HEATHER VEEN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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