

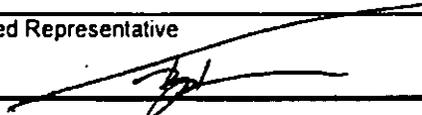


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023 Amended
Corporation

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R.I. DEPT. OF STATE
BUS SVCS DIV
2023 SEP 27 P 12:03

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

1. Entity ID Number 001732871		2. Exact name of the Corporation Bicycle Therapeutics Inc.			
3. Principal Office Address 5 Cambridgepark Drive, Suite 350			City Cambridge	State ma	Zip 02140
4. NAICS Code 541714		6. Brief description of the character of business conducted in Rhode Island Biotechnology research and development			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Pierre Legault			Vice-President Name		
Street Address 35 Cambridgepark Drive, Suite 350			Street Address		
City Cambridge	State MA	Zip 02140	City	State	Zip
Secretary Name			Treasurer Name Travis Thompson		
Street Address			Street Address 35 Cambridgepark Drive, Suite 350		
City	State	Zip	City Cambridge	State MA	Zip 02140
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Alethia Young			Director Name Pierre Legault		
Street Address 35 Cambridgepark Drive, Suite 350			Street Address 35 Cambridgepark Drive, Suite 350		
City Cambridge	State MA	Zip 02140	City Cambridge	State MA	Zip 02140
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		1000	CWP	0.0100	
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 Travis Thompson				Date 9/18/23	
Signature of Authorized Representative 				SEP 27 2023	

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

BY _____