



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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RI DEPT. OF STATE
BUSINESS SERVICES DIVISION

2023 DEC 5 PM 1:19

1. Entity ID Number 001673566		2. Exact name of the Corporation Novocure Inc			
3. Principal Office Address 195 Commerce Way			City Portsmouth	State NH	Zip 03801
4. NAICS Code 541990		6. Brief description of the character of business conducted in Rhode Island Medical Sales			
5. State of Incorporation DE					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment
President Name Wilco Groenhuysen			Vice-President Name		
Street Address 1550 Liberty Ridge Drive, Suite 115			Street Address		
City Wayne	State PA	Zip 19087	City	State	Zip
Secretary Name Steven Robbins			Treasurer Name		
Street Address 1550 Liberty Ridge Drive, Suite 115			Street Address		
City Wayne	State PA	Zip 19087	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment
Director Name Ashley Cordova			Director Name Wilco Groenhuysen		
Street Address 1550 Liberty Ridge Drive, Suite 115			Street Address 1550 Liberty Ridge Drive, Suite 115		
City Wayne	State PA	Zip 19087	City Wayne	State PA	Zip 19087
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment			
Changes require an additional filing.		NUMBER OF SHARES 1000	CLASS/SERIES CWP	PAR VALUE 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 Ashley Cordova				Date 30-Oct-2023	
Signature of Authorized Representative				BY <u>XTAQP</u>	