| State of Rhode Island Fee: \$50.0   |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
| Office of the Secretary of State  |  |  |  |  |  |  |
| Division Of Business Services   |  |  |  |  |  |  |
| 148 W. River Street   |  |  |  |  |  |  |
| Providence RI 02904-2615<br>(401) 222-3040  |  |  |  |  |  |  |
| Foreign Business Corporation  |  |  |  |  |  |  |
| Annual Report   |  |  |  |  |  |  |
| 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. |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR <b>2024</b> : <u>2024</u>   |  |  |  |  |  |  |
| 1. Corporate ID No. 001657783   |  |  |  |  |  |  |
| 2. Name of Corporation Nordic Pharma, Inc.  |  |  |  |  |  |  |
| 3. Street Address Principal Business Office:  |  |  |  |  |  |  |
| No. and Street: <u>1205 WESTLAKES DR.</u>   |  |  |  |  |  |  |
| <u>STE 275</u>  |  |  |  |  |  |  |
| City or Town:BERWYNState: PAZip: 19312Country: USA  |  |  |  |  |  |  |
| 4. Business Phone No.   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| 5. State of Incorporation   |  |  |  |  |  |  |
| State: <u>DE</u>  |  |  |  |  |  |  |
| NAICS CODE  |  |  |  |  |  |  |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.  |  |  |  |  |  |  |
| <u>424210</u>   |  |  |  |  |  |  |
| 6. Brief Description of the Character of Business Conducted in Rhode Island   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| GENERIC PHARMACEUTICALS   |  |  |  |  |  |  |
| 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 |  |
|--------------------|--|--|--|
| TREASURER          | TATYANA KOSHELEVA                              | 1205 WESTLAKES DRIVE, SUITE 275<br>BERWYN, PA 19312 USA    |  |
| SECRETARY          | MARINA VOLIN                                   | 1205 WESTLAKES DRIVE, SUITE 275<br>BERWYN, PA 19312 USA    |  |
| CFO                | TATYANA KOSHELEVA                              | 1205 WESTLAKES DRIVE, SUITE 275<br>BERWYN, PA 19312 USA    |  |
| VICE PRESIDENT     | MARINA VOLIN                                   | 1205 WESTLAKES DRIVE, SUITE 275<br>BERWYN, PA 19312 USA    |  |
| VICE PRESIDENT     | TATYANA KOSHELEVA                              | 1205 WESTLAKES DRIVE, SUITE 275<br>BERWYN, PA 19312 USA    |  |
| VICE PRESIDENT     | THOMAS SAMMLER                                 | 1205 WESTLAKES DRIVE, SUITE 275<br>BERWYN, PA 19312 USA    |  |
| VICE PRESIDENT     | NANCY FULGINITI                                | 1205 WESTLAKES DRIVE, SUITE 275<br>BERWYN, PA 19312 USA    |  |
| PRESIDENT/DIRECTOR | PHILIP GIOIA                                   | 1205 WESTLAKES DRIVE, SUITE 275<br>BERWYN, PA 19312 USA    |  |
| DIRECTOR           | SEAN DAVIS                                     | 1205 WESTLAKES DR., STE 275<br>BERWYN, PA 19312 USA        |  |
| DIRECTOR           | CHARLOTTE PHELPS                               | 1205 WESTLAKES DRIVE, SUITE 275<br>BERWYN, PA 19312 USA    |  |
| DIRECTOR           | DAVID FAULKNER                                 | 1205 WESTLAKES DRIVE, SUITE 275<br>BERWYN, PA 19312 USA    |  |

## 8. Shares Authorized and Issued

|                |                 |               |                  | Total Issued |
|----------------|-----------------|---------------|------------------|--------------|
| Class of Stock | Series of Stock | Par Value Per |                  | and          |
|                |                 | Share         | Total Authorized | Outstanding  |
|                |                 |               | Shares           | Num of       |
|                |                 |               | Number of Shares | Shares       |
| CWP            |                 | \$0.0100      | 10,000.00        | 0            |

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 26 Day of April, 2024 at 2:23:45 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 MARINA VOLIN

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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