



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(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 2024: 2024

1. Corporate ID No. 000146004

2. Name of Corporation VAXSERVE, INC.

3. Street Address Principal Business Office:

No. and Street: 54 GLENMAURA NATIONAL
BOULEVARD
SUITE 301

City or Town: MOOSIC

State: PA Zip: 18507 Country: USA

4. Business Phone No.

5. State of Incorporation

State: PA

NAICS CODE

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.

424210

6. Brief Description of the Character of Business Conducted in Rhode Island

VAXSERVE IS A DISTRIBUTION COMPANY FOR SP VACCINE PRODUCTS AS WELL AS SOME OF OUR COMPETITORS, I.E. MERCK, PFIZER, GSK, ETC. IT IS LOCATED IN AND HAS EMPLOYEES IN MOOSIC, PA. SIGNIFICANT FIREWALLS AND CONFIDENTIALITY IN PLACE DUE TO THE COMPETITION. THE THEORY BEHIND IT IS A STRATEGIC SYNERGY TO PROVIDE "ONE STOP SHOPPING" FOR VACCINE

FROM BIRTH TO DEATH.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	MICHAEL TOLPA	54 GLENMAURA NATIONAL BLVD SUITE 301 MOOSIC, PA 18507 USA
SECRETARY	MATTHEW FARMER	54 GLENMAURA NATIONAL BLVD SUITE 301 MOOSIC, PA 18507 USA
PRESIDENT, DIRECTOR	STACY KEARNEY BUCHA	54 GLENMAURA NATIONAL BLVD SUITE 301 MOOSIC, PA 18507 USA
DIRECTOR	COLLEEN PROCTOR	54 GLENMAURA NATIONAL BLVD SUITE 301 MOOSIC, PA 18507 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	1,000.00	1000

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 31 Day of May, 2024 at 9:37:31 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 MATTHEW FARMER

Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07