

State of Rhode Island

Department of State - Business Services Division

Fictitious Business Name Statement

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

| | of RIGL <u>7-1.2-402</u> , the undersign authority to transact business in | | | |
|---|--|------------------------------------|------------------------------------|--|
| 1. Entity ID Number: | 2. The name of the Corpor | 2. The name of the Corporation is: | | |
| 001755171 | Hikma Injectables USA Inc. | | | |
| 3. The fictitious business | name to be used is: | | | |
| Hikma 503B | | | | |
| 4. The corporation is organized under the laws of: | | 5. The date of incorpora | 5. The date of incorporation is: | |
| Delaware | | 03/28/2 | 03/28/2023 | |
| 6. The address of its regi | stered office within Rhode Islan | d is: | | |
| Street Address 450 Veteran | s Memorial Parkway, Suite 7A | | | |
| City East Providence | | State RHODE ISLAND | Zip 02914 | |
| 7. The business in which Involved in the developmen | it is engaged: It of injectable and compounded ph | armaceuticals. | | |
| 8. Applicant is otherwise | authorized to do business in the | e state of Rhode Island. | | |
| 9. Under penalty of perjuinformation contained he | | ve examined this Fictitious Bus | siness Name Statement and that the | |
| Name of Authorized Officer of the Corporation | | | Date | |
| Hikma Injectables USA Inc. | | | July 25, 2024 | |
| Signature of Authorized | Officer of the Corporation | | | |
| Seorge J. Much | | | | |
| D3089892F1C3410 | · · · · · · · · · · · · · · · · · · · | | | |

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov JUL 3 0 2024
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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.