



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

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Non-Profit  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 001756232

**2. Name of Corporation** Project Insulin Inc.

**3. State of Incorporation**

State: MA

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813212

**4. Principal Office Address**

No. and Street: 1770 MASSACHUSETTS AVENUE

#215

City or Town: CAMBRIDGE

State: MA Zip: 02140 Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

THE RESEARCH, DEVELOPMENT, AND MANUFACTURING OF A BIOSIMILAR  
INSULIN GLARGINE

TO BE SOLD AT COST TO LOW-INCOME INSULIN-DEPENDENT DIABETICS.

**6. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	ERIC MOYAL	136 DOVER STREET PROVIDENCE, RI 02908 USA
TREASURER	GABRIELLA FLEISCHMAN	68 GORE STREET CAMBRIDGE, MA 02141 USA
CLERK	EMILY LYNN	515 WEST 36TH STREET, APT 29H NEW YORK, NY 10018 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

ERIC MOYAL 136 DOVER STREET #2 PROVIDENCE , RI 02908

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 7 Day of August, 2024 at 12:11:34 PM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By ERIC MOYAL  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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