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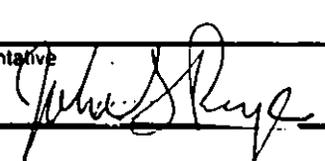


State of Rhode Island  
Department of State - Business Services Division

**TAMP**

Annual Report for the year: 2024  
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>001705720</b>		2. Exact name of the Corporation <b>Bolden Therapeutics, Inc.</b>			
3. Principal Office Address <b>225 Dyer St</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
4. NAICS Code <b>541714</b>		6. Brief description of the character of business conducted in Rhode Island <b>Drug development for neurological diseases</b>			
5. State of Incorporation <b>Delaware</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>John S. Page</b>			Vice-President Name		
Street Address <b>225 Dyer St</b>			Street Address		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City	State	Zip
Secretary Name <b>John S. Page</b>			Treasurer Name <b>John S. Page</b>		
Street Address <b>225 Dyer St</b>			Street Address <b>225 Dyer St</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Justin Fallon</b>			Director Name <b>Charles Polsky</b>		
Street Address <b>225 Dyer St</b>			Street Address <b>225 Dyer St</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
Director Name <b>Ashley Webb</b>			Director Name <b>Sudhir Agrawal</b>		
Street Address <b>225 Dyer St</b>			Street Address <b>225 Dyer St</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		<b>5228553</b>		<b>common</b>	
				PAR VALUE <b>0.20</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>John S. Page</b>				Date <b>9/24/24</b>	
Signature of Authorized Representative 				<b>FILED</b>	

MAIL TO:  
Division of Business Services  
148 W River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

SEP 24 2024  
BY SAHDS  
FORM 630 - Revised: 11/2021