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State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation
17 358516	CHIMERIX, INC.

3. Principal Office Address	City	State	Zip
FIVE GREENTREE CENTRE 525 ROUTE 73 NORTH STE 104	MARLTON	NJ	08053

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541711	Biotech research and development
5. State of Incorporation: Delaware	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Michael Andriole			Vice-President Name: David Jakeman		
Street Address: 47 Wood Ave Suite 2			Street Address: 82 Wendell Ave. STE 100		
City: Barrington	State: RI	Zip: 02806	City: Pittsfield	State: MA	Zip: 01201
Secretary Name: Michael Afrutz			Treasurer Name: Michael Andriole		
Street Address: 47 Wood Ave Suite 2			Street Address: 47 Wood Ave Suite 2		
City: Barrington	State: RI	Zip: 02806	City: Barrington	State: RI	Zip: 02806

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Martha Dempski			Director Name: Martha Dempski		
Street Address: 47 Wood Ave Suite 2			Street Address: 47 Wood Ave Suite 2		
City: Barrington	State: RI	Zip: 02806	City: Barrington	State: RI	Zip: 02806
Director Name: Martha Dempski			Director Name: 47 Wood Ave Suite 2		
Street Address: 47 Wood Ave Suite 2			Street Address: 47 Wood Ave Suite 2		
City: Barrington	State: RI	Zip: 02806	City: Barrington	State: RI	Zip: 02806

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	89,210,356	common	0.001
	89,210,356	common	0.001

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.

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.

Name of Authorized Representative		Date
Barbara Berg	FILED	09/30/2024
Signature of Authorized Representative	OCT 3 2024	

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

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FORM 630 - Revised: 08/2020