

RI DOS MADE NON-SUBSTANTIVE EDITS



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS 25N
24 OCT 3 4M10:15:15

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 17 35856		2. Exact name of the Corporation CHIMERIX, INC.												
3. Principal Office Address FIVE GREENTREE CENTRE 525 ROUTE 73 NORTH STE 104		City MARLTON		State NJ	Zip 08053									
4. NAICS Code 541711		6. Brief description of the character of business conducted in Rhode Island 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 Alrutz			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 Dempksi			Director Name Martha Dempksi											
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									
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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.		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>89,210,356</td> <td>common</td> <td>0.001</td> </tr> <tr> <td>89,210,356</td> <td>common</td> <td>0.001</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	89,210,356	common	0.001	89,210,356	common	0.001
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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 Barbara Berg				Date 09/30/2024										
Signature of Authorized Representative 				FILED OCT 3 2024 BY 9TXPS 10:17										

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

FORM 630 - Revised: 08/2020