



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

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

FILED

MAR 26 2025

BY 4742

1. Entity ID Number 001657936		2. Exact name of the Corporation NanoDe Therapeutics, Inc.	
3. Principal Office Address 505 Clarks Row		City Bristol	State RI
		Zip 02809	
4. NAICS Code 541690	6. Brief description of the character of business conducted in Rhode Island Research and development of drugs and drug delivery systems		
5. State of Incorporation Delaware			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name R. Dana Ono		Vice-President Name	
Street Address 18 Spring Road		Street Address	
City Concord	State MA	Zip 01742	
Secretary Name Ralph A Loren		Treasurer Name R. Dana Ono	
Street Address 77 Skyfields Drive		Street Address 18 Spring Road	
City Groton	State MA	Zip 01742	
City Concord		State MA	Zip 01742
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name R. Dana Ono		Director Name Qian Chen	
Street Address 18 Spring Road		Street Address 505 Clarks Row	
City Concord	State MA	Zip 01742	
City Bristol		State RI	Zip 02809
Director Name Kathrine Gordon		Director Name	
Street Address 8 Echo Drive		Street Address	
City Barrington	State RI	Zip 02806	
City		State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		5,000,000	00.0001
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 Ralph A Loren		Date March 24, 2025	
Signature of Authorized Representative 			