RI SOS Filing Number: 202568723690 Date: 4/1/2025 2:39:00 PM

State of Rhode Island
Office of the Secretary of State

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

Fee: $20.00

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 2025: 2025

1. Corporate ID No. 001742124

2. Name of Corporation Addgene, 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
541714

4. Principal Office Address

No. and Street: 700 NARRAGANSETT PARK DR
STE 100
City or Town: PAWTUCKET State: RI Zip: 02861 Country: USA

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

DNA RESEARCH

6. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

PRESIDENT	CHONNETTIA JONES	700 NARRAGANSETT PARK DR STE 100 PAWTUCKET, RI 02861 USA
TREASURER	CARL PARATORE	700 NARRAGANSETT PARK DR STE 100 PAWTUCKET, RI 02861 USA
SECRETARY	JOHN CHU	700 NARRAGANSETT PARK DR STE 100 PAWTUCKET, RI 02861 USA
DIRECTOR	TRACY KIERNAN	700 NARRAGANSETT PARK DR STE 100 PAWTUCKET, RI 02861 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

REGISTERED AGENTS INC 47 WOOD AVENUE, SUITE 2 BARRINGTON , RI 02806

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

Signed this 1 Day of April, 2025 at 2:40:44 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 ROBIN JONES
Signature of Authorized Person

Form No. 631
Revised 09/07