



State of Rhode Island
Department of State - Business Services Division

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.

REC'D RHODES BSD
MAY 7 PM 12:01:47

1. Entity ID Number 001742286		2. Exact name of the Corporation Pharming Healthcare, Inc.			
3. Principal Office Address 10 Independence Blvd		City Warren		State NJ	Zip 07059
4. NAICS Code 325414		6. Brief description of the character of business conducted in Rhode Island Pharmaceutical Sales			
5. State of Incorporation DE					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Heather Greenspan			Vice-President Name		
Street Address 10 Independence Blvd			Street Address		
City Warren	State NJ	Zip 07059	City	State	Zip
Secretary Name Ruud Outersterp			Treasurer Name		
Street Address Darwinweg 24			Street Address		
City Leiden	State NL	Zip 2333 CR	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Bart Jones			Director Name		
Street Address 10 Independence Blvd			Street Address		
City Warren	State NJ	Zip 07059	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	200	Common	PAR VALUE \$0.01
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 Heather Greenspan					Date 02/04/2025
Signature of Authorized Representative 					BY MAY 07 2025

MAIL TO:
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