



**State of Rhode Island  
Office of the Secretary of State**

No Fee

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

**Foreign Business Corp  
Annual Report - Amended**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2025

**1. Corporate ID No.** 001747695

**2. Name of Corporation** TRUEPILL, INC.

**3. Street Address Principal Business Office:**

No. and Street: 3121 DIABLO AVE.

City or Town: HAYWARD State: CA Zip: 94545 Country: USA

**5. State of Incorporation**

State: DE

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

446110

**6. Brief Description of the Character of Business Conducted in Rhode Island**

MAIL ORDER PHARMACY

**7. 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
TREASURER	RONAN RYAN	3121 DIABLO AVE. HAYWARD, CA 94545 USA

SECRETARY	RONAN RYAN	3121 DIABLO AVE. HAYWARD, CA 94545 USA
DIRECTOR	RONAN RYAN	3121 DIABLO AVE. HAYWARD, CA 94545 USA

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
PWP	D	\$0.0001	419,343.00	0
CWP		\$0.0001	4,850,000.00	1000
PWP	A	\$0.0001	342,740.00	0
PWP	A-2	\$0.0001	195,767.00	0
PWP	A-3	\$0.0001	19,774.00	0
PWP	A-4	\$0.0001	225,961.00	0
PWP	B	\$0.0001	339,134.00	0
PWP	C	\$0.0001	730,000.00	0

**9. 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.**

**Signed this 15 Day of May, 2025 at 4:32:43 PM.** *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By RONAN RYAN  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
  
hereby certify that this document, duly executed in accordance with the provisions  
  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
  
office on this day:

May 15, 2025 04:32 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

