



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.

REC'D RIDOS BSD  
25 JUL 2 AM 10:23:03

1. Entity ID Number 000064115		2. Exact name of the Corporation Organomed Corporation	
3. Principal Office Address 129 Holly Hills Lane		City Saunderstown	State RI
		Zip 02874	
4. NAICS Code 325998	6. Brief description of the character of business conducted in Rhode Island RESEARCH AND DEVELOPMENT OF SPECIALITY CHEMICALS & FORMULATIONS		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
President Name JAMES N JACOB		Vice-President Name NINNI S JACOB	
Street Address 129 HOLLY HILLS LANE		Street Address 129 HOLLY HILLS LANE	
City SAUNDERSTOWN	State RI	City SAUNDERSTOWN	State RI
Zip 02874		Zip 02874	
Secretary Name <i>None</i>		Treasurer Name <i>None</i>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name <i>None</i>		Director Name <i>None</i>	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES	CLASS/SERIES
		1000	STK
			\$0.000
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. <u>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.</u>			
Name of Authorized Representative James N. Jacob		Date 6-27-2025	
Signature of Authorized Representative <i>James N. Jacob</i>		FILED 10:23A	

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*(Signature)*

BY 932EA