State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number	2. Exact name of the Corporation			
000064115	Organomed Corporation			
3. Principal Office Address		City	State	Zip
129 Holly Hills Lane		Saunderstown	RI	02874
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
325998	RESEARCH AND DEVELOPMENT OF SPECIALITY CHEMICALS & FORMULATIONS			
5. State of Incorporation				
RI				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
JAMES N JACOB	129 HOLLY HILLS LANE	SAUNDERSTOWN	RI	02874

Vice-President Name	Street Address	City	State	Zip
NINNI S JACOB	129 HOLLY HILLS LANE	SAUNDERSTOWN	RI	02874

Secretary Name	Street Address	City	State	Zip
None				

Treasurer Name	Street Address	City	State	Zip
None				

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip
None				

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.

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	Date
James N. Jacob	6-27-2025

Signature of Authorized Representative: James N Jacob

FILED 10:23A
JUL 02 2025
BY 93RE9

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised: 12/2023