	State of Rhode Office of the Secreta		Fee: \$50.00					
	Division Of Business 148 W. River St	reet						
HOPE	Providence RI 0290 (401) 222-304							
Foreign Business Corpora Annual Report Filing Period: February 1 - May 1	ation							
In accordance with R.I.G.L. 7-1.2- annual report within thirty (30) day (c&d)) is subject to a penalty fee o	s after the time prescribed by la							
ANNUAL REPORT YEAR: 2022								
1. Corporate ID No. 001733123								
2. Name of Corporation <u>Mayr</u>	2. Name of Corporation Mayne Pharma Inc.							
3. Street Address Principal Bus	siness Office:							
No. and Street: <u>3301 BEN</u> <u>SUITE 40</u>	<u>SON DRIVE</u> <u>1</u>							
City or Town: <u>RALIEGH</u>	State:	NC Zip: <u>27609</u>	Country: <u>USA</u>					
4. Business Phone No.								
5. State of Incorporation								
State: <u>NC</u>								
	ARTICLE III							
-	Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.							
<u>325412</u>								
6. Brief Description of the Character of Business Conducted in Rhode Island								
PHARMACEUTICAL PREPA	PHARMACEUTICAL PREPARATION MANUFACTURING							
7. Names and Addresses of the	7. Names and Addresses of the Officers and Directors:							
All officers and directors must be listed.								
Title	Individual Name	Address City of Town S						
PRESIDENT	First, Middle, Last, Suffix JOHN ROSS	Address, City or Town, S 3301 BENSON	I DRIVE, SUITE 401					
		RALEIGH, NC						

TREASURER	RICHARD OFFIELD	3301 BENSON DRIVE, SUITE 401 RALEIGH, NC 27609 USA
SECRETARY	RICHARD OFFIELD	3301 BENSON DRIVE, SUITE 401 RALEIGH, NC 27609 USA
DIRECTOR	ROGER CORBETT	3301 BENSON DRIVE, SUITE 401 RALEIGH, NC 27609 USA
DIRECTOR	JOHN ROSS	3301 BENSON DRIVE, SUITE 401 RALEIGH, NC 27609 USA
DIRECTOR	SCOTT RICHARDS	3301 BENSON DRIVE, SUITE 401 RALEIGH, NC 27609 USA

8. Shares Authorized and Issued

Class of	Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CWF			\$0.0100	100.00	100

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 20 Day of June, 2022 at 10:52:54 AM. *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 COLLIN GILES

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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