F19000004405

(Reque	estor's Name)	
(Addre	ss)	
(Addre	ss)	
(City/S	tate/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Nam	e)
(Docun	nent Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filir	ng Officer:	

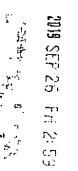
Office Use Only



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05/08/19--01016--088 **87.50



SEP 26 **2019 M. SOLOMON**



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 20, 2019

AMANDA EVERETT 300 THIRD STREET CAMBRIDGE, MA 02142

SUBJECT: ALNYLAM PHARMACEUTICALS, INC.

Ref. Number: W19000048829

We have received your document for ALNYLAM PHARMACEUTICALS, INC. . However, the enclosed document has not been filed and is being returned to you for the following reason(s):

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Mel Solomon
Regulatory Specialist II Supervisor

Letter Number: 119A00010141

COVER LETTER

то:	Registration Section Division of Corporation	ns		
CHDI	Alnylam Pharmac	reuticals, Inc.		
зова	ECT	Name of corporation	n - must include suffix	
Dear S	Sir or Madam:			
"Certif	nclosed "Application by licate of Existence," or " referenced foreign corpo	Certificate of Good Sta	inding" and check are su	act Business in Florida." bmitted to register the
Please	return all correspondence	e concerning this matte	er to the following:	
Amano	la Everett			
	· .	Name of	Person	
Alnyla	m Pharmaceuticuls, Inc.			
		Firm/Co	npan <u>y</u>	
300 Th	ird Street			
Cambri	idge, MA 02142	Addi	ress	
		City/State :	and Zip code	
aeveret	t@alnylam.com	ř	·	
	E-m	ail address: (to be used	for future annual report	notification)
For fur	ther information concern	ing this matter, please	call:	
Amand	a Everett	617 at (551-8316) le Daytime Telep	
	Name of Person	Area Coo	le Daytime Telep	ohone Number
Enclose	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 ed is a check for the follo	os Circle	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7
□ \$70.		3.75 Filing Fee & Continue of Status	3 \$78.75 Filing Fee & Certified Copy	■ \$87.50 Filing Fee. Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607,1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(If name unavai	able in Florida, enter alternate corporate name ad-	opted for the purpose of transacting b	ousiness in Florida)	
Delaware	7	7-0602661		
(State or count June 14, 2002		(FEI number, if applie		
(Date February 1, 201		(Date of duration, if other than perpetual)		
00 Third Street.	(Date first transacted business in F (SEE SECTIONS 607.1501 & 607.1502 Cambridge, MA 02142 (Principal	office address)		
	(Current mailing	address, if different)		
	et address of Florida registered agent: (P.O. 1	Box <u>NOT</u> acceptable)	* * /*	
Name and <u>stre</u>				
	CT Corporation System		· ·	
Name:	1200 S Pine Island Road		, L.	
	1200 S Pine Island Road Plantation	 33324 . Florida	je,	

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

James M. Halpin
Assistant Secretary

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to

11. Names and business addresses of officers and/or directors:

ss:	300 Third Street		
	Cambridge, MA 02142		
nai	rman:		
s:			
_	DENNIS A. AUSIELLO, MD		
r: s:	300 Third Street		_
	Cambridge, MA 02142		
	PHILLIP A. SHARP, PhD		
	300 Third Street		
	Cambridge, MA 02142	٠.	
	CERS BARRY GREENE	₩ - ** - *;	
	300 Third Street		
	Cambridge, MA 02142	4	
esi	lent:	41 ²⁵ -1	
s: _			
- ry:	LAURIE KEATING, JD		
	300 Third Street, Cambridge, MA 02142		
er:	ROBERT FILADORO		
	300 Third Street, Cambridge, MA 02142		

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155. F.S.

Alnylam Pharmaceuticals, Inc. Leadership

Board of Directors

Michael W. Bonney – Chair Dennis A. Ausiello, MD Marsha H. Fanucci Margaret A. Hamburg, MD John M. Maraganore, PhD Steven M. Paul, MD David E.I. Pyott Colleen Reitan Paul R. Schimmel, PhD Amy W. Schulman, JD Phillip A. Sharp, PhD

Management Board

Barry Greene – President
Yvonne Greenstreet, MBChB, MBA – Chief Operating Officer
Pushkal Garg, MD – Chief Medical Officer
Laurie Keating, JD – Chief Legal Officer & Secretary
John Maraganore, PhD – Chief Executive Officer
Saraswathy V. Nochur, PhD – Chief Regulatory Officer
Manmeet S. Soni – Chief Financial Officer
Akshay Vaishnaw, MD, PhD – President, Research & Development



Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ALNYLAM PHARMACEUTICALS, INC." IS DULY

INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS

OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D.

2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203662843

Date: 09-25-19

3651907 8300 SR# 20197212619