

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F19000000111

Entity Name: AKEBIA THERAPEUTICS, INC.**Current Principal Place of Business:**245 FIRST STREET
CAMBRIDGE, MA 02142**Current Mailing Address:**245 FIRST STREET
CAMBRIDGE, MA 02142 US**FEI Number:** 20-8756903**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DCP
Name	ADAMS, ADRIAN
Address	245 FIRST STREET
City-State-Zip:	CAMBRIDGE MA 02142

Title	PCEO
Name	BUTLER, JOHN P
Address	245 FIRST STREET
City-State-Zip:	CAMBRIDGE MA 02142

Title	D
Name	GILMAN, STEVEN C
Address	245 FIRST STREET
City-State-Zip:	CAMBRIDGE MA 02142

Title	SECRETARY
Name	HADAS, NICOLE R
Address	245 FIRST STREET
City-State-Zip:	CAMBRIDGE MA 02142

Title	CFO
Name	SNOW, ELLEN
Address	245 FIRST STREET
City-State-Zip:	CAMBRIDGE MA 02142

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICOLE HADAS**SECRETARY****07/13/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date