

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000000333

Entity Name: PRAXIS PRECISION MEDICINES, INC.**Current Principal Place of Business:**99 HIGH STREET
30TH STREET
BOSTON, MA 02110**Current Mailing Address:**99 HIGH STREET
30TH STREET
BOSTON, MA 02110 US**FEI Number:** 47-5195942**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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 PRESIDENT/CEO
Name SOUZA, MARCIO
Address 99 HIGH STREET
 30TH STREET
City-State-Zip: BOSTON MA 02110

Title DIRECTOR
Name NORDEN, GREGORY
Address 99 HIGH STREET
 30TH STREET
City-State-Zip: BOSTON MA 02110

Title GENERAL COUNSEL
Name NEMIROFF, ALEX
Address 99 HIGH STREET
 30TH STREET
City-State-Zip: BOSTON MA 02110

Title CHIEF PEOPLE OFFICER
Name MCCUE, KELLY
Address 99 HIGH STREET
 30TH STREET
City-State-Zip: BOSTON MA 02110

Title DIRECTOR
Name YOUNG, WILLIAM
Address 99 HIGH STREET
 30TH STREET
City-State-Zip: BOSTON MA 02110

Title CORPORATE SECRETARY
Name NEMIROFF, ALEX
Address 99 HIGH STREET
 30TH STREET
City-State-Zip: BOSTON MA 02110

Title CHAIRMAN OF THE BOARD
Name MITCHELL, DEAN
Address 99 HIGH STREET
 30TH STREET
City-State-Zip: BOSTON MA 02110

Title TREASURER/CFO
Name KELLY, TIMOTHY
Address 99 HIGH STREET
 30TH STREET
City-State-Zip: BOSTON MA 02110

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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: MARCIO SOUZA

PRESIDENT/CEO

04/09/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CHODAKEWITZ, JEFFREY
Address 99 HIGH STREET
30TH STREET
City-State-Zip: BOSTON MA 02110

Title DIRECTOR
Name DESIMONE, JILL
Address 99 HIGH STREET
30TH STREET
City-State-Zip: BOSTON MA 02110

Title DIRECTOR
Name CUDKOWICZ, MERIT
Address 99 HIGH STREET
30TH STREET
City-State-Zip: BOSTON MA 02110