

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F21000006892

Entity Name: ITEOS THERAPEUTICS, INC.**Current Principal Place of Business:**321 ARSENAL STREET
WATERTOWN, MA 02472**Current Mailing Address:**321 ARSENAL STREET
WATERTOWN, MA 02472 US**FEI Number:** 84-3365066**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T 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 DIRECTOR, PRESIDENT, CEO
Name DETHEUX, MICHEL
Address 139 MAIN STREET STE 402
City-State-Zip: CAMBRIDGE MA 02142

Title COO
Name CALL, MATTHEW
Address 139 MAIN STREET STE 402
City-State-Zip: CAMBRIDGE MA 02142

Title DIRECTOR
Name BINISZKIEWICZ, DETLEV
Address 139 MAIN STREET STE 402
City-State-Zip: CAMBRIDGE MA 02142

Title DIRECTOR
Name DAVIS, AARON
Address 139 MAIN STREET STE 402
City-State-Zip: CAMBRIDGE MA 02142

Title DIRECTOR
Name DIROCCO, DEREK
Address 321 ARSENAL STREET
City-State-Zip: WATERTOWN MA 02472

Title TREASURER, CFO
Name GALL, MATTHEW
Address 321 ARSENAL STREET
City-State-Zip: WATERTOWN MA 02472

Title DIRECTOR
Name HALLAL, DAVID
Address 321 ARSENAL STREET
City-State-Zip: WATERTOWN MA 02472

Title DIRECTOR
Name HAUWERMEIREN, TIM VAN
Address 321 ARSENAL STREET
City-State-Zip: WATERTOWN MA 02472

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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: GALL, MATTHEW**TREASURER****02/27/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HO, TONY
Address 321 ARSENAL STREET
City-State-Zip: WATERTOWN MA 02472

Title DIRECTOR
Name RHOADS, ANN
Address 321 ARSENAL STREET
City-State-Zip: WATERTOWN MA 02472

Title DIRECTOR
Name IANNONE, ROBERT
Address 321 ARSENAL STREET
City-State-Zip: WATERTOWN MA 02472

Title DIRECTOR
Name RODEN, MATTHEW
Address 321 ARSENAL STREET
City-State-Zip: WATERTOWN MA 02472