

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000003921

**Entity Name:** BICYCLE THERAPEUTICS, INC.

**Current Principal Place of Business:**

4 HARTWELL PLACE  
LEXINGTON, MA 02421

**Current Mailing Address:**

4 HARTWELL PLACE  
LEXINGTON, MA 02421 US

**FEI Number: 81-2139178**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 DP  
Name KALOWSKI, LEE  
Address 4 HARTWELL PLACE  
City-State-Zip: LEXINGTON MA 02421

Title D  
Name LEGAULT, PIERRE  
Address 4 HARTWELL PLACE  
City-State-Zip: LEXINGTON MA 02421

Title S  
Name THOMPSON, TRAVIS  
Address 4 HARTWELL PLACE  
City-State-Zip: LEXINGTON MA 02421

*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: LEE KALOWSKI**

**PRESIDENT**

**03/09/2023**

Electronic Signature of Signing Officer/Director Detail

Date