

**2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000002453

**Entity Name:** ADARE PHARMACEUTICALS, INC.

**Current Principal Place of Business:**

1200 LENOX DRIVE, SUITE 100  
LAWRENCEVILLE, NJ 08648

**Current Mailing Address:**

1200 LENOX DRIVE, SUITE 100  
LAWRENCEVILLE, NJ 08648 US

**FEI Number:** 31-0988732

**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 VP  
Name DI VINCENZO, GIUSEPPE  
Address 7722 DUNGAN ROAD  
City-State-Zip: PHILADELPHIA PA 19111

Title SECRETARY  
Name LINDENFELDAR, RUSSELL  
Address 7722 DUNGAN ROAD  
City-State-Zip: PHILADELPHIA PA 19111

Title DIRECTOR  
Name DI VINCENZO, GIUSEPPE  
Address 7722 DUNGAN ROAD  
City-State-Zip: PHILADELPHIA PA 19111

Title DIRECTOR  
Name LINDENFELDAR, RUSSELL  
Address 7722 DUNGAN ROAD  
City-State-Zip: PHILADELPHIA PA 19111

Title PRESIDENT  
Name RYAN, MICHAEL  
Address 7722 DUNGAN ROAD  
City-State-Zip: PHILADELPHIA PA 19111

Title TREASURER  
Name RYAN, MICHAEL  
Address 7722 DUNGAN ROAD  
City-State-Zip: PHILADELPHIA PA 19111

Title DIRECTOR  
Name RYAN, MICHAEL  
Address 7722 DUNGAN ROAD  
City-State-Zip: PHILADELPHIA PA 19111

*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:** RUSSELL LINDENFELDAR

**SECRETARY**

**03/22/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date