

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F17000002492

**Entity Name:** AGIOS PHARMACEUTICALS, INC.**Current Principal Place of Business:**88 SIDNEY STREET  
CAMBRIDGE, MA 02139**Current Mailing Address:**88 SIDNEY STREET  
CAMBRIDGE, MA 02139 US**FEI Number:** 26-0662915**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  
Name SCHENKEIN, DAVID  
Address 88 SIDNEY STREET  
City-State-Zip: CAMBRIDGE MA 02139

Title ASSISTANT SECRETARY  
Name BURNS, JAMES  
Address 88 SIDNEY STREET  
City-State-Zip: CAMBRIDGE MA 02139

Title TREASURER  
Name JONES, CECILIA  
Address 88 SIDNEY STREET  
City-State-Zip: CAMBRIDGE MA 02139

Title DIRECTOR  
Name BALLAL, RAHUL  
Address 88 SIDNEY STREET  
City-State-Zip: CAMBRIDGE MA 02139

Title SECRETARY  
Name COOK, WILLIAM  
Address 88 SIDNEY STREET  
City-State-Zip: CAMBRIDGE MA 02139

Title CFO  
Name JONES, CECILIA  
Address 88 SIDNEY STREET  
City-State-Zip: CAMBRIDGE MA 02139

Title CHIEF MEDICAL OFFICER  
Name GHEUENS, SARAH  
Address 88 SIDNEY STREET  
City-State-Zip: CAMBRIDGE MA 02139

Title DIRECTOR  
Name SMITH, CYNTHIA  
Address 88 SIDNEY STREET  
City-State-Zip: CAMBRIDGE MA 02139

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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: WILLIAM COOK****SECRETARY****04/10/2024**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name GOFF, BRIAN  
Address 88 SIDNEY STREET  
City-State-Zip: CAMBRIDGE MA 02139

Title DIRECTOR  
Name CAPELLO, JEFFREY  
Address 88 SIDNEY STREET  
City-State-Zip: CAMBRIDGE MA 02139

Title DIRECTOR  
Name FOSTER, KAYE  
Address 88 SIDNEY STREET  
City-State-Zip: CAMBRIDGE MA 02139

Title DIRECTOR  
Name FOUSE, JACQUALYN  
Address 88 SIDNEY STREET  
City-State-Zip: CAMBRIDGE MA 02139

Title CEO  
Name GOFF, BRIAN  
Address 88 SIDNEY STREET  
City-State-Zip: CAMBRIDGE MA 02139

Title DIRECTOR  
Name OWEN, CATHERINE  
Address 88 SIDNEY STREET  
City-State-Zip: CAMBRIDGE MA 02139

Title DIRECTOR  
Name HO, MAYKIN  
Address 88 SIDNEY STREET  
City-State-Zip: CAMBRIDGE MA 02139

Title DIRECTOR  
Name SCADDEN, DAVID  
Address 88 SIDNEY STREET  
City-State-Zip: CAMBRIDGE MA 02139