

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F22000002566

Entity Name: AMYLYX PHARMACEUTICALS, INC.**Current Principal Place of Business:**43 THORNDIKE ST.
CAMBRIDGE, MA 02141**Current Mailing Address:**43 THORNDIKE ST.
CAMBRIDGE, MA 02141**FEI Number:** 46-4600503**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 PRESIDENT, DIRECTOR
Name COHEN, JOSHUA
Address 141 CROSS ST
 UNIT B
City-State-Zip: SOMERVILLE MA 02145

Title DIRECTOR
Name QUIMI, DAPHNE
Address 43 THORNDIKE ST.
City-State-Zip: CAMBRIDGE MA 02141

Title DIRECTOR
Name FONTEYNE, PAUL
Address 43 THORNDIKE ST.
City-State-Zip: CAMBRIDGE MA 02141

Title SECRETARY
Name MAZZARIELLO, GINA
Address 43 THORNDIKE ST.
City-State-Zip: CAMBRIDGE MA 02141

Title TREASURER
Name FRATES, JIM
Address 41 GROVE ST
City-State-Zip: NEEDHAM MA 02492

Title DIRECTOR
Name FIRESTONE, KAREN
Address 43 THORNDIKE ST.
City-State-Zip: CAMBRIDGE MA 02141

Title DIRECTOR
Name MILNE PHD JR., GEORGE MCLEAN
Address 43 THORNDIKE ST.
City-State-Zip: CAMBRIDGE MA 02141

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: JOSHUA COHEN**PRESIDENT****03/19/2023**

Electronic Signature of Signing Officer/Director Detail

Date