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mmoore ASN

Michael G. Adams Kentucky Secretary of State Received and Filed: 3/6/2024 2:21 PM Fee Receipt: \$20.00



COMMONWEALTH OF KENTUCKY MICHAEL G. ADAMS, SECRETARY OF STATE

Division of Business Filings Business Filings P.O. Box 718, Frankfort, KY 40602 (502) 564-3490 www.sos.ky.gov	Certificate of Assumed N (Domestic or Foreign Busines		ASN	
following statement:	365, the undersigned applies to a	ssume a name and, for that	t purpose, submits the	
The assumed name is: AVEO	Oncology			
2. The name of the business enti-	ty (and in the case of general partr	ership, the partners) that is	/are adopting the assumed	
name: AVEO Pharmaceuticals, Inc.				
Name must be identical to the nam	e on record with the Secretary of St	ate.)		
3. The "real name" is (you must che	eck one):			
a Domestic General Partnership		a Foreign General Pa	a Foreign General Partnership	
a Domestic Limited Liability Partnership		a Foreign Limited Lia	a Foreign Limited Liability Partnership	
a Domestic Limited Partnership		a Foreign Limited Partnership		
a Domestic Business Trust		a Foreign Business Trust		
a Domestic Corporation		X a Foreign Corporatio	✓ a Foreign Corporation	
a Domestic Limited Liability Company		a Foreign Limited Lia	a Foreign Limited Liability Company	
a Domestic Statutory Trust		a Foreign Statutory Trust		
a Domestic Limited Cooperative Association		a Foreign Limited Cooperative Association		
a Domestic Uninco	rated Non-profit Association a Foreign Unincorporated Non-profit Associ		rated Non-profit Association	
4. The business is organized and	existing in the state or country of	Delaware		
5. The mailing address is:				
One Marina Park Drive, 12th Floor	Boston	MA	02210	
Street Address or Post Office Box	Numbers Cit	y State	Zip	
I declare under penalty of perjury Kaia Karosec	under the laws of Kentucky that th KARA KOROSEC	e forgoing is true and correct SECRETARY	ot. 02/20/2024	
Authorized Party Signature	Printed Name	Title	Date	