According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0579-0036. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

This report is required by law (7 U.S.C. 2143 and 9 C.F.R. § 2.36). Failure to report according to the regulations can result in an order to cease and desist.

Interagency Report Control No. 0180-DOA-AN

0579-0036

Fiscal Year: 2020

OMB APPROVED

UNITED STATES DEPARTMENT OF AGRICULTURE ANIMAL AND PLANT HEALTH INSPECTION SERVICE

1. REGISTRATION NUMBER: 15-R-0021

Customer Number: 33144

2. HEADQUARTERS RESEARCH FACILITY (Name and Address, as registered with USDA,

include ZIP Code) VeroScience LLC

1334 Main Road

ANNUAL REPORT OF RESEARCH FACILITY Tiverton, RI 02878 (TYPE OR PRINT) Telephone: (401) 816-0525 3. REPORTING FACILITY (List all locations where animals were housed or used in actual research, testing, teaching, or experimentation, or held for these purposes. Attach additional sheets if necessary.) FACILITY LOCATIONS (Sites) See Attached Listing REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY (Attach additional sheets if necessary or use APHIS FORM 7023A.) A. Number of animals upon Number of animals upon which teaching, F. experiments, research, surgery, or tests were which experiments. Number of animals conducted involving accompanying pain or Number of animals teaching, research, upon which being bred, surgery, or tests were distress to the animals and for which the use of teaching, research, TOTAL NUMBER Animals Covered By conditioned, or held conducted involving appropriate anesthetic, analgesic, or experiments, or OF ANIMALS The Animal for use in teaching. tranquilizing drugs would have adversely accompanying pain or tests were testing, experiments Welfare Regulations distress to the animals affected the procedures, results, or conducted involving (Cols. C + D + E) research, or surgery and for which interpretation of the teaching, research, no pain, distress, or but not yet used for experiments, surgery, or tests. (An explanation appropriate anesthetic, use of pain-relieving of the procedures producing pain or distress on such purposes. analgesic, or drugs. tranquilizing drugs were these animals and the reasons such drugs were not used must be attached to this report.) used. 4. Dogs 5. Cats 6. Guinea Pigs 197 248 248 7. Hamsters 8. Rabbits 9. Non-human Primates 10. Sheep 11. Pigs 12. Other Farm Animals 13. Other Animals ASSURANCE STATEMENTS Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following 1.) actual research, teaching, testing, surgery, or experimentation were followed by this research facility. Each principal investigator has considered alternatives to painful procedures. 2) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected. The attending veterinarian for this research facility has appropriate authority to ensure the provisions of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use. CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL (Chief Executive Officer (C.E.O.) or Legally Responsible Institutional Official (I.O.)) I certify that the above is true, correct, and complete (7 U.S.C. Section 2143). NAME AND TITLE OF C.E.O. OR LO. (Type or Print) NAME AND TITLE OF C.E.O. OR I.O. (Type or Print) DATE SIGNED Nov 5, 2020

Uploaded to Animal Research Laboratory Overview (ARLO) on 07/21/2021

APHIS Form 7023 Site Addendum for FY:

Registration Number: 15-R-0021

Customer ID Number: 33144

Facility Business Address Information: VeroScience LLC

1334 Main Road Tiverton, RI 02878

Telephone: (401) 816-0525

Facilities Site(s) Address Information: VeroScience LLC

1334 Main Road Tiverton, RI 02878

Site Codes:

APHIS FORM 7023 (Reverse) JUL 2020

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