## UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C.

OMB APPROVAL
OMB Number: 3235-0076

Estimated Average burden hours per response: 4.0

# **FORM D**

**Notice of Exempt Offering of Securities** 

1. Issuer's Iden	itity		
CIK (Filer ID Number)	Previous Name(s	s) 🗆 None	Entity Type
0001477845	QR Pharma, Iı	nc.	Corporation
Name of Issuer			☐ Limited Partnership
Annovis Bio, Inc.			☐ Limited Liability Company
Jurisdiction of			General Partnership
Incorporation/Organizat	ion		☐ Business Trust
DELAWARE			☐ Other
Year of Incorporation/	Organization		
<b>▼</b> Over Five Years A	go		
☐ Within Last Five	Years (Specify Year)		
☐ Yet to Be Formed			
2. Principal Pla	ace of Business and	Contact Info	ormation
Name of Issuer			
Annovis Bio, Inc.			
Street Address 1		Street Address 2	
1055 WESTLAKES DRI	IVE, SUITE 300		
City	State/Province/Country	ZIP/Postal Code	Phone No. of Issuer
BERWYN	PENNSYLVANIA	19312	610-727-3913

#### 3. Related Persons First Name Middle Name Maria Maccecchini Street Address 1 Street Address 2 1055 Westlakes Drive, Suite 300 City State/Province/Country ZIP/Postal Code Berwyn PENNSYLVANIA 19312 **X** Executive Officer **X** Director Relationship: ☐ Promoter Clarification of Response (if Necessary) **Chief Executive Officer** Last Name First Name Middle Name Hoffman Michael Street Address 1 Street Address 2 1055 Westlakes Drive, Suite 300 City ZIP/Postal Code State/Province/Country PENNSYLVANIA 19312 Berwyn Relationship: ■ Executive Officer **▼** Director ☐ Promoter Clarification of Response (if Necessary) Last Name First Name Middle Name **Bruck** Claudine Street Address 1 Street Address 2 1055 Westlakes Drive, Suite 300 State/Province/Country ZIP/Postal Code City Berwyn **PENNSYLVANIA** 19312 Relationship: ■ Executive Officer **X** Director ☐ Promoter Clarification of Response (if Necessary) Last Name First Name Middle Name **McCarthy** Reid Street Address 1 Street Address 2 1055 Westlakes Drive, Suite 300 ZIP/Postal Code City State/Province/Country PENNSYLVANIA 19312 Berwyn Relationship: ■ Executive Officer **X** Director ☐ Promoter

Clarification of Response (if Necessary)

Last Name		First Name		Middle Name
				MINUTE MAINE
White		Mark		
Street Address 1		Stı	reet Address 2	
1055 Westlakes E	Prive, Suite 300			
City		State/Province/Country		ZIP/Postal Code
Berwyn		PENNSYLVANIA		19312
Relationship:	■ Executive C	Officer	Director	Promoter
Clarification of Res	sponse (if Necessary)	)		
Last Name		First Name		Middle Name
Hagopian		Henry		
Street Address 1		•	reet Address 2	
		Su	cet Audress 2	
1055 Westlakes E	Prive, Suite 300			
City		State/Province/Country		ZIP/Postal Code
Berwyn		PENNSYLVANIA		19312
Relationship:	<b>Executive</b> C	Officer	Director	Promoter
Clarification of Res	sponse (if Necessary)	)		
Chief Financial	Officer			

4. I	ndustry Group					
	Agriculture	Health	ı Care		☐ Reta	iling
	Banking & Financial Services	X	Biotechnolo	ogy	☐ Resta	aurants
	Commercial Banking		Health Insu	irance	Tech	nology
	☐ Insurance		Hospitals &	k Physicians		Computers
	☐ Investing		Pharmaceu	ticals		Telecommunications
	☐ Investment Banking		Other Heal	th Care		Other Technology
	Pooled Investment Fund				Trav	el
	Other Banking & Financial Services	□ <sub>Manu</sub>	facturing			Airlines & Airports
		Real E	_			Lodging & Conventions
			Commercia	ıl		Tourism & Travel Services
			Construction	on		Other Travel
			REITS & F	inance	☐ Othe	r
			Residential			
			Other Real	Estate		
	<b>Business Services</b>					
	Energy					
	Coal Mining					
	Electric Utilities					
	☐ Energy Conservation					
	☐ Environmental Services					
	Oil & Gas					
	☐ Other Energy					
5. I	ssuer Size					
Reve	nue Range		Aggr	egate Net Asset Va	lue Range	
	No Revenues			No Aggregate Ne	t Asset Val	ue
	\$1 - \$1,000,000			\$1 - \$5,000,000		
	\$1,000,001 - \$5,000,000			\$5,000,001 - \$25,0	000,000	
	\$5,000,001 - \$25,000,000			\$25,000,001 - \$50	,000,000	
	\$25,000,001 - \$100,000,000			\$50,000,001 - \$10	0,000,000	
	Over \$100,000,000			Over \$100,000,00	00	
X	<b>Decline to Disclose</b>			Decline to Disclos	se	
	Not Applicable			Not Applicable		

6. I	Federal Exemption(s) and	Exc	clusion	n(s) Claimed (select all that apply)
	Rule 504(b)(1) (not (i), (ii) or (iii))		Rule 505	5
	Rule 504 (b)(1)(i)	X	Rule 506	6(b)
	Rule 504 (b)(1)(ii)		Rule 506	6(c)
	Rule 504 (b)(1)(iii)		Securitie	es Act Section 4(a)(5)
			Investme	ent Company Act Section 3(c)
<b>7.</b> ]	Type of Filing			
X	New Notice Date of	First S	Sale 2023	3-04-07 First Sale Yet to Occur
	Amendment			
	Duration of Offering the Issuer intend this offering to last more	than o	ne year?	☐ Yes ⊠ No
<b>9.</b> ]	Гуре(s) of Securities Offer	ed (	select	all that apply)
	<b>Pooled Investment Fund Interests</b>		X	Equity
	Tenant-in-Common Securities			Debt
	<b>Mineral Property Securities</b>			Option, Warrant or Other Right to Acquire Another Security
	Security to be Acquired Upon Exercise of Warrant or Other Right to Acquire Securi		n, 🗆	Other (describe)
10.	<b>Business Combination Tr</b>	ans	action	1
	s offering being made in connection with a caction, such as a merger, acquisition or exc			nation Yes X No
Clari	ification of Response (if Necessary)			
11.	Minimum Investment			
Mini	mum investment accepted from any outside	invest	tor	\$ 0 USD

12. Sales Compensati	on				
Recipient			Recipient CRD Number		None
(Associated) Broker or Dealer		None	(Associated) Broker or Dealer Number	CRD	None
Street Address 1			Street Address 2		
City		State/Prov	State/Province/Country ZIP/Post		e
State(s) of Solicitation	All States				

13. Offering and Sale	s Amounts			
Total Offering Amount	\$ 1064952 US	D		Indefinite
Total Amount Sold	\$ 1064952 US	D		
Total Remaining to be Sold	\$ 0 USD			Indefinite
Clarification of Response (if Necessa	ary)			
14. Investors				
Select if securities in the off accredited investors, Number of such non-accred		•		
Regardless of whether secu qualify as accredited invest the offering:				
15. Sales Commission Provide separately the amounts of sexpenditure is not known, provide a	ales commissions and find	ers' fees e	xpenses, if	
Sales Commissions	\$ 0 USD		Estimate	
Finders' Fees	\$ 0 USD		Estimate	
Clarification of Response (if Necess	ary)			
16. Use of Proceeds  Provide the amount of the gross pro of the persons required to be named				
amount is unknown, provide an esti			mount.	•
	\$ 0 USD			Estimate

Clarification of Response (if Necessary)

### Signature and Submission

Please verify the information you have entered and review the Terms of Submission below before signing and clicking SUBMIT below to file this notice.

#### Terms of Submission

In submitting this notice, each Issuer named above is:

- Notifying the SEC and/or each State in which this notice is filed of the offering of securities described and undertaking to furnish them, upon written request, the information furnished to offerees.
- Irrevocably appointing each of the Secretary of the SEC and, the Securities Administrator or other legally designated officer of the State in which the Issuer maintains its principal place of business and any State in which this notice is filed, as its agents for service of process, and agreeing that these persons may accept service on its behalf, of any notice, process or pleading, and further agreeing that such service may be made by registered or certified mail, in any Federal or state action, administrative proceeding, or arbitration brought against it in any place subject to the jurisdiction of the United States, if the action, proceeding or arbitration (a) arises out of any activity in connection with the offering of securities that is the subject of this notice, and (b) is founded, directly or indirectly, upon the provisions of: 7½ (i) the Securities Act of 1933, the Securities Exchange Act of 1934, the Trust Indenture Act of 1939, the Investment Company Act of 1940, or the Investment Advisers Act of 1940, or any rule or regulation under any of these statutes, or (ii) the laws of the State in which the issuer maintains its principal place of business or any State in which this notice is filed.
- Certifying that, if the issuer is claiming a Regulation D exemption for the offering, the issuer is not disqualified from relying on Rule 504 or Rule 506 for one of the reasons stated in Rule 504(b)(3) or Rule 506(d).

Each Issuer identified above has read this notice, knows the contents to be true, and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.

For signature, type in the signer's name or other letters or characters adopted or authorized as the signer's signature.

Annovis Bio, Inc.	Herny Hagopian	Henry Hagopian	Chief Financial Officer	2023-04-24
Issuer	Signature	Name of Signer	Title	Date