

ANNOVIS BIO, INC.

FORM D

(Small Company Offering and Sale of Securities Without Registration)

Filed 01/05/15

Address 1055 WESTLAKES DRIVE, SUITE 300

BERWYN, PA, 19312

Telephone 610-727-3913

CIK 0001477845

Symbol ANVS

SIC Code 2834 - Pharmaceutical Preparations

Industry Biotechnology & Medical Research

Sector Healthcare

Fiscal Year 12/31



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

OMB Number: 3235-0076 Estimated Average burden hours per response: 4.0

OMB APPROVAL

FORM D

Notice of Exempt Offering of Securities

1.	Issuer	'S	Id	en	titv
	_~~~-	~			,

CIK (Filer ID Number)	Previous Name(s)	X	None	Entity	y Type
0001477845				X	Corporation
Name of Issuer OR Pharma, Inc.					Limited Partnership Limited Liability Company
Jurisdiction of Incorporation/Organization					General Partnership Business Trust
DELAWARE					Other
Year of Incorporation/Organization					
▼ Over Five Years Ago					
☐ Within Last Five Years (Specify	Year)				
☐ Yet to Be Formed					

2. Principal Place of Business and Contact Information

QR Pharma, Inc.

Street Address 1 Street Address 2

1055 WESTLAKES DRIVE, SUITE 300

City State/Province/Country ZIP/Postal Code Phone No. of Issuer BERWYN PENNSYLVANIA 19312 610-727-3913

3. Related Persons

Last Name		First Name		Middle Name			
Maccecchini		Maria					
Street Address 1			Street Addre				
c/o QR Pharma,	Inc.		1055 Westla	akes Drive, Suite 300			
City		State/Provin		ZIP/Postal Code			
Berwyn		PENNSYL	LVANIA	19312			
Relationship:	X	Executive Officer	□ Director	☐ Promoter			
Clarification of Res	esponse	(if Necessary)					
Last Name		First Name		Middle Name			
Hoffman		Michael		Made Name			
Street Address 1			Street Addre	ss 2			
c/o QR Pharma,	Inc.			akes Drive, Suite 300			
City		State/Provin		ZIP/Postal Code			
Berwyn		PENNSYL	•	19312			
Relationship:		Executive Officer	☒ Director	☐ Promoter			
ixcianonsinp.	- 11		_	_			
_	_						
Clarification of Res	_						
_	_			Middle Name			
Clarification of Re	_	(if Necessary)		Middle Name F.			
Clarification of Res	_	(if Necessary) First Name	Street Addre	F.			
Clarification of Res Last Name Hefti	esponse	(if Necessary) First Name		F.			
Clarification of Res Last Name Hefti Street Address 1	esponse	(if Necessary) First Name	1055 Westla	F. ss 2			
Clarification of Res Last Name Hefti Street Address 1 c/o QR Pharma,	esponse	(if Necessary) First Name Franz	1055 Westlance/Country	F. ss 2 akes Drive, Suite 300			
Clarification of Res Last Name Hefti Street Address 1 c/o QR Pharma, City	esponse	(if Necessary) First Name Franz State/Provin	1055 Westlance/Country	F. ss 2 akes Drive, Suite 300 ZIP/Postal Code 19312			
Clarification of Res Last Name Hefti Street Address 1 c/o QR Pharma, City Berwyn	esponse	(if Necessary) First Name Franz State/Provin PENNSYL Executive Officer	1055 Westlance/Country	F. ss 2 akes Drive, Suite 300 ZIP/Postal Code 19312			
Clarification of Res Last Name Hefti Street Address 1 c/o QR Pharma, City Berwyn Relationship:	esponse	(if Necessary) First Name Franz State/Provin PENNSYL Executive Officer	1055 Westlance/Country	F. ss 2 akes Drive, Suite 300 ZIP/Postal Code 19312			
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Last Name Hefti Street Address 1 c/o QR Pharma, City Berwyn Relationship: Clarification of Res	esponse	First Name Franz State/Provin PENNSYL Executive Officer (if Necessary)	1055 Westlance/Country	F. ss 2 nkes Drive, Suite 300 ZIP/Postal Code 19312 Promoter			
Last Name Hefti Street Address 1 c/o QR Pharma, City Berwyn Relationship: Clarification of Res	esponse	First Name Franz State/Provin PENNSYL Executive Officer (if Necessary)	1055 Westlance/Country	F. ss 2 skes Drive, Suite 300 ZIP/Postal Code 19312 Promoter Middle Name			
Last Name Hefti Street Address 1 c/o QR Pharma, City Berwyn Relationship: Clarification of Res	Inc.	First Name Franz State/Provin PENNSYL Executive Officer (if Necessary)	1055 Westlance/Country VANIA	F. ss 2 skes Drive, Suite 300 ZIP/Postal Code 19312 Promoter Middle Name			
Last Name Hefti Street Address 1 c/o QR Pharma, City Berwyn Relationship: Clarification of Res Last Name Govender Street Address 1	Inc.	First Name Franz State/Provin PENNSYL Executive Officer (if Necessary)	1055 Westlance/Country VANIA	F. ss 2 akes Drive, Suite 300 ZIP/Postal Code 19312 Promoter Middle Name			
Last Name Hefti Street Address 1 c/o QR Pharma, City Berwyn Relationship: Clarification of Res Last Name Govender Street Address 1 c/o QR Pharma,	Inc.	First Name Franz State/Provin PENNSYL Executive Officer (if Necessary) First Name Dhesh	1055 Westlance/Country VANIA Street Addre 1055 Westlance/Country	F. ss 2 akes Drive, Suite 300 ZIP/Postal Code 19312 Promoter Middle Name ss 2 akes Drive, Suite 300			

4. Industry Group ■ Agriculture □ Retailing **Health Care Banking & Financial Services** ■ Biotechnology ■ Restaurants ☐ Commercial Banking ■ Health Insurance Technology ☐ Computers ■ Insurance ■ Hospitals & Physicians □ Telecommunications ☐ Investing **X** Pharmaceuticals ■ Investment Banking ☐ Other Health Care ☐ Other Technology **Pooled Investment Fund Travel** Other Banking & Financial ☐ Airlines & Airports ☐ Manufacturing Services ■ Lodging & Conventions **Real Estate** ☐ Commercial **☐** Tourism & Travel Services ☐ Construction ☐ Other Travel ☐ REITS & Finance Other ☐ Residential ☐ Other Real Estate ■ Business Services Energy ☐ Coal Mining ■ Electric Utilities ■ Energy Conservation ■ Environmental Services ☐ Oil & Gas ☐ Other Energy 5. Issuer Size **Revenue Range** Aggregate Net Asset Value Range No Revenues No Aggregate Net Asset Value \$1 - \$1,000,000 \$1 - \$5,000,000 \$1,000,001 - \$5,000,000 \$5,000,001 - \$25,000,000 \$5,000,001 - \$25,000,000 \$25,000,001 - \$50,000,000 \$50,000,001 - \$100,000,000 \$25,000,001 - \$100,000,000 Over \$100,000,000 Over \$100,000,000 **Decline to Disclose Decline to Disclose**

Not Applicable

Not Applicable

	Federal Exemptio	. ' '	and	Exclusi	on(s) Cl	lain	ned
(56	elect all that apply)						
	Rule 504(b)(1) (not (i), (ii) or (iii))		Rule 505					
	Rule 504 (b)(1)(i)	X	Rule 506	(b)				
	Rule 504 (b)(1)(ii)		Rule 506	(c)				
	Rule 504 (b)(1)(iii)		Securitie	s Act Section 4(a))(5)			
			Investme	ent Company Act	Section	1 3(c)		
7.	Type of Filing							
X	New Notice Date	of First S	ale 2014	-12-19		First Sale	e Yet to	Occur
	Amendment							
	Duration of Offer the Issuer intend this offering to last mo	_	ne year?] Yes	X] No	
9.	Type(s) of Securit	ies (Offer	ed (sele	ct a	ill th	at a	pply)
	Pooled Investment Fund Interests		X	Equity				
	Tenant-in-Common Securities			Debt				
	Mineral Property Securities			Option, Warran Another Securi		her Right	to Acqu	uire
	Security to be Acquired Upon Exercise Warrant or Other Right to Acquire Sec	_	n, 🗆	Other (describe	e)			
4.0								
10	. Business Combir	natio	n Tr	'ansacti	on			
	is offering being made in connection with saction, such as a merger, acquisition or o	_		ation		Yes	X	No
Clari	ification of Response (if Necessary)							
	. Minimum Invest				\$ 0	USD		

12. Sales Compensation

Recipient			Recipient CRD Number	Ц	None
(Associated) Broker or Dealer		None	(Associated) Broker or Dealer C Number	RD	None
Street Address 1			Street Address 2		
City		State/Prov	ince/Country ZI	P/Postal Code	
State(s) of Solicitation	All States				

13.	Offering and	l Sales	Am	ounts		
Total O	Offering Amount	\$	1000000	USD		Indefinite
Total A	mount Sold	\$	500000	USD		
Total R	temaining to be Sold	\$	500000	USD		Indefinite
Clarific	cation of Response (if Necessa	ary)				
14.	Investors					
	Select if securities in the offe accredited investors, Number of such non-accred		•	-		
	Regardless of whether secur qualify as accredited investo in the offering:					
Provide	Sales Commo	ales commissi	ons and fi	nders' fees e	xpenses, if a	nny. If the amount of an
	Sales Commissions	\$ 0 USD			Estimate	
	Finders' Fees	\$ 0 USD			Estimate	
Clarific	cation of Response (if Necessa	ary)				
16.	Use of Proce	eds				
of the p		l as executive	officers, d	irectors or p	romoters in	ed to be used for payments to an a response to Item 3 above. If the
		\$	0 USD			Estimate
Clarific	cation of Response (if Necessa	ary)				

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: (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 the Issuer is not disqualified from relying on any Regulation D exemption it has
 identified in Item 6 above for one of the reasons stated in Rule 505(b)(2)(iii).

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.

Issuer	Signature	Name of Signer	Title	Date
QR Pharma, Inc.	Maria L. Maccecchini	Maria L. Maccecchini	President and Chief Executive Officer	2014-12-31