



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 001695565

**2. Name of Corporation** Lyra Health, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 287 LORTON AVENUE

City or Town: BURLINGAME

State: CA Zip: 94010 Country: USA

**4. Business Phone No.**

800-505-5972

**5. State of Incorporation**

State: DE

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

524210

**6. Brief Description of the Character of Business Conducted in Rhode Island**

ADMINISTRATION OF EMPLOYER BENEFIT PLANS

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name	Address
PRESIDENT	DAVID EBERSMAN	287 LORTON AVENUE BURLINGAME, CA 94010 USA
ASSISTANT SECRETARY	LISA CACCAVO	287 LORTON AVENUE

		BURLINGAME, CA 94010 USA
VP, SECRETARY	ELAINE YANG	287 LORTON AVENUE BURLINGAME, CA 94010 USA

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
PWP		\$0.0001	6,450,000.00	6450000
PWP		\$0.0001	10,000,000.00	10000000
CWP		\$0.0001	63,500,000.00	4491401

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 12 Day of January, 2021 at 2:43:18 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By LESLIE SHORT  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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