State of Rhode Island
Office of the Secretary of State

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

Fee: $50.00

Foreign Business Corporation Annual Report

Filing Period: February 1 - May 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 - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 001670944

2. Name of Corporation Personify Health, Inc.

3. Street Address Principal Business Office:

No. and Street: 75 FOUNTAIN STREET
SUITE 400
City or Town: PROVIDENCE State: RI Zip: 02902 Country: USA

4. Business Phone No.

5. State of Incorporation

State: DE

NAICS CODE

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.

541519

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

PERSONIFY HEALTH INC (FORMERLY VIRGIN PULSE) IS A SAAS BASED CORPORATE WELLNESS PLATFORM

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	SCOTT CHARLES	SUITE 400 75 FOUNTAIN STREET PROVIDENCE, RI 02903 USA
SECRETARY	IAN O'NEILL	SUITE 400 75 FOUNTAIN STREET PROVIDENCE, RI 02903 USA
PRESIDENT, DIRECTOR	CHRISTOPHER MICHALAK	SUITE 400 75 FOUNTAIN STREET PROVIDENCE, RI 02903 USA
DIRECTOR	MICHAEL KLAYKO	SUITE 400 75 FOUNTAIN STREET PROVIDENCE, RI 02903 USA
DIRECTOR	JACKIE KOSECOFF	SUITE 400 75 FOUNTAIN STREET PROVIDENCE, RI 02903 USA
DIRECTOR	HEMAL PATEL	SUITE 400 75 FOUNTAIN STREET PROVIDENCE, RI 02903 USA
DIRECTOR	NICK KAISER	SUITE 400 75 FOUNTAIN STREET PROVIDENCE, RI 02903 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CWP		$0.1000	1,000.00	1000

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 24 Day of April, 2025 at 11:09:52 AM. *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 IAN O'NEILL

Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07