RI SOS Filing Number: 202574312020 Date: 6/6/2025 11:56:00 AM

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State of Rhode Isla								
Department of S Annual Report for the year: Corporation	tate - Busine 2024	ess Services	Divisio	Pivision RECEIVES OULDEPTION STATE				
→ Filing period: February 1 - May 1 → Filing Fee: \$50.00				.5	SYCS)		
Penalty: Additional \$25.00 fee if form is not filed by May 31				2025 JUN -6 A II: 55				
1 Entity ID Number	2. Exact name	of the Corporation	1	7,11,00				
001702447	Sight Sci	ences, Inc.						
3. Principal Office Address			City		Stat	<u> </u>	Zip	
4040 Campbell Ave, Suit	e 100		Ment	o Park	C/		94025	
4. NAICS Code 339115	Brief descrip	tion of the charact	er of busine	ess conducted in Rho	de Island			
<u>L</u>	Sales of ophthalmic and optometric medical devices.							
5. State of Incorporation DE	The state of the s							
	<u></u>							
7. List ALL officers (names and addresses) President Name				Check the box to indicate an attachment ☐				
Paul Badawi Street Address			David Badawi					
4040 Campbel		te 100	Street Address 4040 Campbell Avenue, Suite 100					
City Menlo Park	State CA	^{Zip} 94025	City Manla Bask State Zip				Zip 94025	
Secretary Name Jeremy Hayden			Treasurer Name Alison Bauerlein					
Street Address 4040 Campbell Avenue, Suite 100				Street Address				
City State IZe			4040 Campbell Avenue, Suite 100					
Menlo Park	CA	94025	Me Me	nlo Park	State	CA	^{Zip} 94025	
8. List ALL directors (names and addresses) Director Name Chatter Francisco				Check the box to indicate an attachment [7]				
Staffan Encrantz				Director Name David Badawi				
Street Address 4040 Campbell Avenue, Suite 100			Street Address 4040 Campbell Avenue, Suite 100					
Menio Park	State CA	^{Zip} 94025	City Mei	nlo Park	State		Z _{1p} 94025	
Paul Badawi			Director Name Brenda Becker					
To the Gampoon Method, Solle 100			Street Address 4040 Campbell Avenue, Suite 100					
^{City} Menlo Park	State CA	^{Zıp} 94025	City Menlo Park		State	CA	Zip	
9. Shares Authorized	·	10 Shares Issue			e hox to and		94025	
his information is currently of record in the opertment of State.		NUMBER OF SI	HARES CLASS/SERIES		RIFS	ox to indicate an attachment PAR VALUE		
Changes require an additional filling. 11 This report must be executed on behalf of the corpeiver or trustee, this report must be executed on beh		49,131,363		Common		\$0.0010		
		0		Preferred \$0.0010)		
ceiver or trustee, this report must be Under penalty of perium. I declar	executed on beh	poration by an auti alf of the corporat	horized rep ion by the r	resentative, if the cor	poration is	in the hands	s of a re-	
Under penalty of perjury, I declare statements, and that all statemen Name of Authorized Representative	te contained has			l, including any acco	ompanying	schedules	and	
Alison Bauerlein					Date	2.)		
Signature of Authorized Representative					17	<u>L</u> e 2	.02.5	
MAIL TO: Division of Business Services		··	-	FLED				
48 W. River Street, Providence, Rhode Island 02904-2615				- Carlos				
hone: (401) 222-3040	=				-			

Phone: (401) 222-3040 Website: www.sos.n.gov JUN 6 2025 11:50

FORM 630 Revised #2/2023

8. List All Directors - Continued.

Director Name: Tamara Fountain

Street Address: 4040 Campbell Avenue, Suite 100

City: Menlo Park

State: CA Zip: 94025

Director Name: Erica Rogers

Street Address: 4040 Campbell Avenue, Suite 100

City: Menlo Park

State: CA Zip: 94025

Director Name: Donald Zurbay

Street Address: 4040 Campbell Avenue, Suite 100

City: Menlo Park

State: CA Zip: 94025

Director Name: Catherine Mazzacco

Street Address: 4040 Campbell Avenue, Suite 100

City: Menlo Park

State: CA Zip: 94025