

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F21000001130

**Entity Name:** OYSTER POINT PHARMA, INC.**Current Principal Place of Business:**202 CARNEGIE CENTER #106  
PRINCETON, NJ, NJ 08540**Current Mailing Address:**202 CARNEGIE CENTER #106  
PRINCETON, NJ, NJ 08540 US**FEI Number:** 81-1030955**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            NAU, JEFFREY  
Address        202 CARNEGIE CENTER #106  
City-State-Zip: PRINCETON, NJ NJ 08540

Title            PCEO, DIR  
Name            NAU, JEFFREY  
Address        202 CARNEGIE CENTER #106  
City-State-Zip: PRINCETON, NJ NJ 08540

Title            SECRETARY  
Name            SALUS, TOM  
Address        202 CARNEGIE CENTER #106  
City-State-Zip: PRINCETON, NJ NJ 08540

Title            TREASURER  
Name            MIRAGLIA, JOHN  
Address        202 CARNEGIE CENTER #106  
City-State-Zip: PRINCETON, NJ NJ 08540

Title            SECRETARY  
Name            LOCHNER, DANIEL  
Address        202 CARNEGIE CENTER #106  
City-State-Zip: PRINCETON, NJ NJ 08540

Title            CFO  
Name            LOCHNER, DANIEL  
Address        202 CARNEGIE CENTER #106  
City-State-Zip: PRINCETON, NJ NJ 08540

Title            DIRECTOR  
Name            MIRAGLIA, JOHN  
Address        202 CARNEGIE CENTER #106  
City-State-Zip: PRINCETON, NJ NJ 08540

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** JOHN MIRAGLIA**TREASURER****04/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date