

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F22000003268

**FILED**  
**Jan 25, 2024**  
**Secretary of State**  
**5969276034CC**

**Entity Name:** YARAL PHARMA INC.

**Current Principal Place of Business:**

8 CAMPUS DRIVE  
SUITE 201A  
PARSIPPANY, NJ 07054

**Current Mailing Address:**

8 CAMPUS DRIVE  
SUITE 201A  
PARSIPPANY, NJ 07054 US

**FEI Number:** 87-2725976

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 DIRECTOR  
Name DONATI, ALDO  
Address 8 CAMPUS DRIVE  
SUITE 201A  
City-State-Zip: PARSIPPANY NJ 07054

Title DIRECTOR  
Name RACCA, ELISABETTA  
Address 8 CAMPUS DRIVE  
SUITE 201A  
City-State-Zip: PARSIPPANY NJ 07054

Title DIRECTOR  
Name GRASSI, LUCA  
Address 8 CAMPUS DRIVE  
SUITE 201A  
City-State-Zip: PARSIPPANY NJ 07054

Title PRESIDENT  
Name BECKMAN, STEPHEN  
Address 8 CAMPUS DRIVE  
SUITE 201A  
City-State-Zip: PARSIPPANY NJ 07054

Title SECRETARY  
Name KUHN, ERIC  
Address 299 PARK AVENUE  
City-State-Zip: NEW YORK NY 10171

Title TREASURER  
Name MARRERRO, ROBERTO  
Address 8 CAMPUS DRIVE  
SUITE 201A  
City-State-Zip: PARSIPPANY NJ 07054

Title AUTHORIZED PERSON  
Name VILLAMIZAR, LUZ  
Address 8 CAMPUS DRIVE  
SUITE 201A  
City-State-Zip: PARSIPPANY NJ 07054

*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:** LUZ VILLAMIZAR

**AUTHORIZED PERSON**

**01/25/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date