

**2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F24000002243

**Entity Name:** NUVALENT, INC.**Current Principal Place of Business:**ONE BROADWAY  
14TH FLOOR  
CAMBRIDGE, MA 02142**Current Mailing Address:**ONE BROADWAY  
14TH FLOOR  
CAMBRIDGE, MA 02142 US**FEI Number: NOT APPLICABLE****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/CEO

Name PORTER, JAMES

Address ONE BROADWAY  
14TH FLOOR

City-State-Zip: CAMBRIDGE MA 02142

Title TREASURER

Name BALCOM, ALEXANDRA

Address ONE BROADWAY  
14TH FLOOR

City-State-Zip: CAMBRIDGE MA 02142

Title SECRETARY

Name MILLER, DEBORAH

Address ONE BROADWAY  
14TH FLOOR

City-State-Zip: CAMBRIDGE MA 02142

Title DIRECTOR

Name HACK, ANDREW

Address ONE BROADWAY  
14TH FLOOR

City-State-Zip: CAMBRIDGE MA 02142

Title DIRECTOR

Name GILLIAND, GARRY

Address ONE BROADWAY  
14TH FLOOR

City-State-Zip: CAMBRIDGE MA 02142

Title DIRECTOR

Name PEARLBERG, JOSEPH

Address ONE BROADWAY  
14TH FLOOR

City-State-Zip: CAMBRIDGE MA 02142

Title DIRECTOR

Name SHAIR, MATTHEW

Address ONE BROADWAY  
14TH FLOOR

City-State-Zip: CAMBRIDGE MA 02142

Title DIRECTOR

Name SRIVASTAVA, SAPNA

Address ONE BROADWAY  
14TH FLOOR

City-State-Zip: CAMBRIDGE MA 02142

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*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: ALEXANDRA BALCOM****TREASURER****03/18/2025**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name WHEELER, CAMERON  
Address ONE BROADWAY  
14TH FLOOR  
City-State-Zip: CAMBRIDGE MA 02142

Title DIRECTOR  
Name CONLEY, EMILY  
Address ONE BROADWAY  
14TH FLOOR  
City-State-Zip: CAMBRIDGE MA 02142

Title DIRECTOR  
Name PROTOPAPAS, ANNA  
Address ONE BROADWAY  
14TH FLOOR  
City-State-Zip: CAMBRIDGE MA 02142

Title CFO  
Name BALCOM, ALEXANDRA  
Address ONE BROADWAY  
14TH FLOOR  
City-State-Zip: CAMBRIDGE MA 02142

Title DIRECTOR  
Name MEYERS, MICHAEL  
Address ONE BROADWAY  
14TH FLOOR  
City-State-Zip: CAMBRIDGE MA 02142