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State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** 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.*

1. Corporate ID No.	2. Name of Corporation			
000126425	HEAL THY SELF INC			
3. Street Address Principal Business Office		City	State	Zip
295 ANGELL STREET		PROVIDENCE	RI	02906
4. Business Phone No.	5. State of Incorporation			
401 454 4325	R.I.			

6. Brief Description of the Character of Business Conducted in Rhode Island
To Bring Homeopathic Practioner's Together To Service the General Public

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Deborah Niles-Pennisi			none		
Street Address			Street Address		
17 Pinecrest Ridge					
City	State	Zip	City	State	Zip
Woodstock	CT	06281			
Secretary Name			Treasurer Name		
none			Deborah Niles-Pennisi		
Street Address			Street Address		
			17 Pinecrest Ridge		
City	State	Zip	City	State	Zip
			Woodstock	Ct	06281

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Deborah Niles-Pennisi			none		
Street Address			Street Address		
17 Pinecrest Ridge					
City	State	Zip	City	State	Zip
Woodstock	Ct	06281			
Director Name			Director Name		
none			none		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	STK	-0-

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.

[redacted] [redacted]

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Deborah Niles-Pennisi
Signature *Date*

Deborah Niles-Pennisi
Print or Type Name

President
Title

[redacted]

File Date 4-30-09
Check No. 552
By: MNC
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 08/08

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