

FOR SECRETARY OF STATE USE ONLY

A. Ralph Mollis, Secretary of State Corporations Durision - 148 W. River Street Providence, Rt 02904-2615 101.222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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.I. 7-1.2-1501(e%d)) is subject to a penalty fee of \$25.00.

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1 Corporate ID No 000507497		2. Name of Corporation THE HEALTHY BENEFITS INC				
3 Street Address Principal Business Office 1300 Highland Corporate Drive, Suite 203			City Cumberland	State RI	Σφ 02864	
t Business Phone No. 5 State of Incorporation (401) 529-0965 Rhode Island		5 State of Incorporation Rhode Island			***************************************	
o Brief Description of the Char.	acter of Business Condu	cted in Rhode Island				
7. NAMES AND ADDRES President Name Malcolm J. Tinkham	sses of the off	ICERS: ("X" BOX FOR ATTA	CHMENT) FILL IN Vice President Name	SPACES BEFORE USING	ATTACHMENTS	
street Address 1300 Highland Corpo	orate Drive, Suite	203	Street Address	. ·		
Cur Cumberland	State RI	^{Ζιρ} 02864	City	State	Ziji	
Secretary Name Malcolm J. Tinkham			Treusurer Name Malcolm J. Tinkham			
Niver Address 1300 Highland Corporate Drive, Suite 203			Street Address 1300 Highland Corporate Drive, Suite 203			
on Cumberland	State RI	02864	City: Cumberland	State RI	λίρ 02864	
3. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT. Unrector Name			**ACHMENT)			
treet Address			Street Address			
.41	State	Zup	City	State	Zip 💊	
Director Name:			Director Name		S 000	
Street Address			Street Address			
H_{Γ}	State	Zip	CHy:	State	Zap Company	
. SHARES AUTHORIZE		of \$.01 par value		 	A	
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.			Number of Shares	Class/Series	P ■ \alue < ≤	
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his report must be exec	area on benati of t	ne corporation by the receiver	of frustee.			
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	LCU		contained herein	are true and correct	9/13/2	
File Date	1 3 2010		Signature Signature	and funce	Date Date	
Check No.	<u> </u>		Malcolm J.	Tinkham	-	
By: BY	26289	<u> </u>	Print or Type Nan	ve		

President