



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 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 161528	2. Name of Corporation ACU WELL ACUPUNCTURE & INTEGRATIVE MEDICINE, INC.
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3. Street Address Principal Business Office 141 AIRPORT ROAD	City WARWICK	State RI	Zip 02889
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4. Business Phone No. (401) 738-9355	5. State of Incorporation RHODE ISLAND
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5. Brief Description of the Character of Business Conducted in Rhode Island
ACUPUNCTURE AND OTHER RELATED SERVICES

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

President Name ALEX TATEVIAN	Vice President Name ALEX TATEVIAN
Street Address 141 AIRPORT ROAD	Street Address 141 AIRPORT ROAD
City WARWICK	City WARWICK
State RI	State RI
Zip 02889	Zip 02889

Secretary Name ALEX TATEVIAN	Treasurer Name ALEX TATEVIAN
Street Address 141 AIRPORT ROAD	Street Address 141 AIRPORT ROAD
City WARWICK	City WARWICK
State RI	State RI
Zip 02889	Zip 02889

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

Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

9. SHARES AUTHORIZED 1000 NO PAR VALUE **10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

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.	ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
	Number of Shares	Class/Series	Par Value
	100	COMMON	NONE

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.

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.

Alex Tatevian 1/5/11
Signature Date

ALEX TATEVIAN
Print or Type Name
PRESIDENT
Title

FILED

File Date: JAN 20 2011

Check No. _____

By: *MAC*
18534

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