



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 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&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>122407</b>		2. Name of Corporation <b>PROVIDENCE WHOLISTIC HEALTHCARE</b>			
3. Street Address Principal Business Office <b>144 WATERMAN STREET SUITE #3</b>			City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>
4. Business Phone No. <b>401-455-0546</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>NATUROPATHIC SERVICES, DIET &amp; NUTRITIONAL COUNSEL, HERBS, HOMEOPATHY, RETAIL SALES</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>SHEILA M. FRODERMANN</b>			Vice President Name <b>CAROL L. SENG</b>		
Street Address <b>245 Knight Ave</b>			Street Address <b>245 Knight Ave</b>		
City <b>Attleboro</b>	State <b>MA</b>	Zip <b>02703</b>	City <b>Attleboro</b>	State <b>MA</b>	Zip <b>02703</b>
Secretary Name <b>CAROL L. SENG</b>			Treasurer Name <b>SHEILA M. FRODERMANN</b>		
Street Address <b>245 Knight Ave</b>			Street Address <b>245 Knight Ave</b>		
City <b>Attleboro</b>	State <b>MA</b>	Zip <b>02703</b>	City <b>Attleboro</b>	State <b>MA</b>	Zip <b>02703</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>SHEILA M. FRODERMANN</b>			Director Name <b>CAROL L. SENG</b>		
Street Address <b>245 Knight Ave</b>			Street Address <b>245 Knight Ave</b>		
City <b>Attleboro</b>	State <b>MA</b>	Zip <b>02703</b>	City <b>Attleboro</b>	State <b>MA</b>	Zip <b>02703</b>
Director Name <b>CAROL L. SENG</b>			Director Name <b>SHEILA M. FRODERMANN</b>		
Street Address <b>245 Knight Ave</b>			Street Address <b>245 Knight Ave</b>		
City <b>Attleboro</b>	State <b>MA</b>	Zip <b>02703</b>	City <b>Attleboro</b>	State <b>MA</b>	Zip <b>02703</b>
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			<b>0</b>	<b>0</b>	<b>0</b>

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.

**FILED**

File Date **JAN 20 2011**

Check No. **2898**

By: **SHEILA M. FRODERMANN**

FOR SECRETARY OF STATE USE ONLY

**PK# 2898**

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.

**SHEILA M. FRODERMANN** 1/18/11

Signature Date

**SHEILA M. FRODERMANN**

Print or Type Name

**PRESIDENT / DIRECTOR**

Title