



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

FILED

File Date **JAN 20 2011**

Check No. **2898**

By: **MRC**

FOR SECRETARY OF STATE USE ONLY

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.

Signature **SHEILA M. FROEDERMAN** Date **1/18/11**

Print or Type Name
PRESIDENT / DIRECTOR

Title