

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))

<ol> <li>Corporate ID No. 567449</li> </ol>	2. Name of Corp Healthy	oration Benefits Supplemental, I	nc.		
3. Street Address Principal Business Office 1300 Highland Corporate Drive, Suite 203			City Cumberland	State RI	7ip 02864
4. Business Phone No. 401-257-4107		5. State of Incorporation Rhode Island			
	health products and	d services, any ancillary pu			
NAMES AND ADDR President Name Edward M. Queenan	ESSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT)	IN SPACES BEFORE U	SING ATTACHMENTS
Street Address 1300 Highland Cor	porate Drive, Suit	te 203	Street Address		
City Cumberland	State RI	<sup>Zip</sup> <b>02864</b>	City	State	Zip
Secretary Name Edward M. Queenan			Treasurer Name Edward M. Queenan		
Street Address 1300 Highland Corporate Drive, Suite 203			Street Address 1300 Highland Corporate Drive, Suite 203		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. NAMES AND ADDR Director Name	ESSES OF THE DIRI	CTORS: ("X" BOX FOR AT	ACHMENT)	L IN SPACES BEFORE	USING ATTACHMENTS
Street Address			Street Address		
Спу	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
Street Address					
	Store	Zip	City	State	<b>∂</b> Zip ⊋ Z
City			10 SHARES ISSU	ED: ("X" BOX FOR ATT	ACHMENT BSS
Ony SHARES AUTHORI	ZED: ("X" BOX FOR	ATTACHMENT)	10 SHARES ISSU		
City 9. SHARES AUTHORI	ZED: ("X" BOX FOR	ATTACHMENT)  e Office of the Secretary of	10: SHARES ISSU ISSUED SHARES - THIS SE Number of Shares	ED: ("X" BOX FOR ATT	Par Value

	FILED FEB 28 2011	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.
File Date _ Check No	By 128700	Signature Queenan 2/23/11  Edward M. Queenan
By:	OR SECRETARY OF STATE USE ONLY	Print or Type Name President Tule