



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. 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	Zip 02864
4. Business Phone No. 508-735-2420		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island To sell discounted health products and services, any ancillary purposes, and all other lawful purposes.				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Malcolm J. Tinkham		Vice President Name		
Street Address 1300 Highland Corporate Drive Suite 203		Street Address		
City Cumberland	State RI	Zip 02864	City	State
Secretary Name Malcolm J. Tinkham		Treasurer Name Malcolm J. Tinkham		
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
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES - THIS SECTION MUST BE COMPLETED				
Number of Shares		Class/Series		Par Value
1000 Shares of \$.01 par value common stock				
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.				

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
FEB 28 2011

By:

File Date _____
Check No. _____
By: _____

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

Malcolm J. Tinkham

Print or Type Name

President

Title

Date

2/23/2011