



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>000116549</b>		2. Exact name of the Corporation <b>Health Network, Inc.</b>					
3. Principal office address <b>1540 Pontiac Ave</b>				City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	
4. Business Phone No. <b>401-490-9100</b>				5. State of Incorporation <b>RI</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Insurance Sales</b>							
President Name <b>Richard G. Engelman</b>				Vice-President Name <b>Michael A. Gemma</b>			
Street Address <b>41 Mulberry Drive</b>				Street Address <b>58 Begonia Drive</b>			
City <b>S. Kingstown</b>	State <b>RI</b>	Zip <b>02879</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02920</b>	
Secretary Name <b>NONE</b>				Treasurer Name <b>NONE</b>			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
Director Name <b>NONE</b>				Director Name <b>NONE</b>			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
Director Name <b>NONE</b>				Director Name <b>NONE</b>			
Street Address				Street Address			
City	State	Zip		City	State	Zip	
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.				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
				100	CWP	\$1.00	

FILED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
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*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.

**FILED** 1029

Signature of Authorized Representative

**Richard G. Engelman**

**7/4/13**  
Date

Print or Type Name of Authorized Representative

JUL 12 2013

BY **R 201385**