



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. 000116549		2. Exact name of the Corporation Health Network, Inc.			
3. Principal office address 1540 Pontiac Ave			City Cranston	State RI	Zip 02920
4. Business Phone No. 401-490-9100			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Insurance Sales					
President Name Richard G. Engelman			Vice-President Name Michael A. Gemma		
Street Address 41 Mulberry Drive			Street Address 58 Begonia Drive		
City S. Kingstown	State RI	Zip 02879	City Cranston	State RI	Zip 02920
Secretary Name NONE			Treasurer Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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
 JUL 12 AM 10:28
 SECRETARY OF STATE
 CORPORATIONS DIV

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

Print or Type Name of Authorized Representative

7/4/13
Date

JUL 1 2 2013

BY **201385**