

Revised: 01/2012

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 2012

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.

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1. Entity ID No.	2. Exact nar	ne of the Corporation				
00011654	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 c Insurance Sales	haracter of business	s conducted in Rhode Island	<u>d</u>			
a servicia de la constanción d	Endiness many many a broad a process of the	orden de Magent de la companya de l La companya de la co				
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			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
The second second	Maria Maria de la constante de		88. W. O. B. C.	Swiffshie zu Enweren et	in April 18 Texas de 19 Santa	
Director Name			Director Name NONE			
Street Address			Street Address		CRE ORP	
City	State	Zip	City	State	Zip RASS	
Director Name			Director Name	<u> </u>	A 000	
Street Address			Street Address		10 s	
City	State	Zip	City	State	Zip 88 m	
a palacing opinion						
This information is access	atly of record in the	Office of the Secretor:	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
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.			100	CWP	\$1.00	
See Section 5 of manufacture	on allect.					

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 this report, inc and that all sta
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	JUL 1 2 2013	Richa
Form No. 630	0 20000	Print or Type N

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.

ignature of Authorized Representative

Print or Type Name of Authorized Representative

BY 16201385