



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 **2015**

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. 96110		2. Exact name of the Corporation HEATH MANAGEMENT CO., INC.			
3. Principal office address 74A Clarendon Street		City Boston	State MA	Zip 02116	
4. Business Phone No. 617-266-1168		5. State of Incorporation Massachusetts			
6. Brief description of the character of business conducted in Rhode Island To purchase, acquire, develop and otherwise invest in real estate					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Paul Rolff		Vice-President Name None			
Street Address 74A Clarendon Street		Street Address			
City Boston	State MA	Zip 02116	City	State	Zip
Secretary Name Paul Rolff		Treasurer Name Paul Rolff			
Street Address 74A Clarendon Street		Street Address 74A Clarendon Street			
City Boston	State MA	Zip 02116	City Boston	State MA	Zip 02116
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Paul Rolff		Director Name			
Street Address 74A Clarendon Street		Street Address			
City Boston	State MA	Zip 02116	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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	Common	No par value

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.

File Date: _____
Check No.: _____
By: _____
FOR SECRETARY OF STATE USE ONLY BY **12526**

FILED

FEB 18 2015

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 of Authorized Representative

Date **2-11-15**

Paul Rolff, President

Print of Type Name of Authorized Representative