



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Domestic Limited Liability Company  
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2015

**1. ID No.** 000130243

**2. Exact Name of the Limited Liability Company** It's My Health Wellcare Collaborative, LLC

**3. State of Formation**

State: RI

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

WELLNESS CONSULTING SERVICES AND PRODUCTS

**5. Principal Office Address**

No. and Street: 1099 MENDON ROAD  
City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: MARIE BOUVIER-NEWMAN Contact Title: OWNER  
No. and Street: 1099 MENDON ROAD  
City or Town: CUMBERLAND State: RI Zip: 02864 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

MARIE A. BOUVIER-NEWMAN 2331 WALLUM LAKE ROAD PASCOAG , RI 02859

**Signed this 10 Day of September, 2015 at 2:45:37 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are**

*true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MARIE A. BOUVIER-NEWMAN

Signature of Authorized Person

Form No. 632  
Revised 09/07

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State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive, written in a professional style.

Nellie M. Gorbea  
*Secretary of State*

