



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

Fee: \$20.00

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

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2015

**1. Corporate ID No.** 000994366

**2. Name of Corporation** South County Health & Wellness Group

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 3949 OLD POST ROAD  
SUITE 101

City or Town: CHARLESTOWN State: RI Zip: 02813 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street: 3949 OLD POST ROAD  
SUITE 101

City or Town: CHARLESTOWN State: RI Zip: 02813 Country: USA

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

OUR PURPOSE IS TO BRING THE SURROUNDING COMMUNITIES TOGETHER BY ORGANIZING AND PROVIDING FREE WELLNESS EVENTS, WHERE THERE IS A CHANCE TO LEARN, TEACH AND EXPLORE DIFFERENT COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTICES. WE LOOK TO EXTEND OUR WELLNESS COMMUNITY TO INCLUDE LOCAL BUSINESS OWNERS, WELLNESS PRACTITIONERS, AND HEALTH AND FITNESS ENTHUSIASTS. HEALTH AND WELLNESS ARE VITAL TO IMPROVING AND SUSTAINING A LEVEL OF HAPPINESS AND BALANCE IN OUR DAILY LIVES.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
DIRECTOR	LAURA DOWNES	60 HIGHVIEW HOPE VALLEY, RI 02813 US
DIRECTOR	RACHAEL MUSCH	126 COLUMBIA STREET WAKEFIELD, RI 02879 US
DIRECTOR	FRANK CRANDALL	3949 OLD POST ROAD CHARLESTOWN, RI 02813 US

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

FRANK CRANDALL 3949 OLD POST ROAD CHARLESTOWN , RI 02813

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 1 Day of December, 2015 at 12:08:11 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 § 7-6.*

By FRANK CRANDALL  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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