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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 2016

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.	2. Exact name of the Corporation		
1002896	RHODE TO HEALTH, INC		
3. Principal office address: 2019 SMITH STREET	City: NORTH PROVIDENCE	State: RI	Zip: 02911
4. Business Phone No.: (401) 231-6666	5. State of Incorporation		
6. Brief description of the character of business conducted in Rhode Island: HOLISTIC NUTRITION AND EDUCATION			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
KATHLEEN DICHIARA	5 PRINCESS PINE ROAD	LINCOLN	RI	02865

Vice-President Name	Street Address	City	State	Zip
STEPHEN R DICHIARA	5 PRINCESS PINE ROAD	LINCOLN	RI	02865

Secretary Name	Street Address	City	State	Zip
STEPHEN R DICHIARA	5 PRINCESS PINE ROAD	LINCOLN	RI	02865

Treasurer Name	Street Address	City	State	Zip
STEPHEN R DICHIARA	5 PRINCESS PINE ROAD	LINCOLN	RI	02865

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
KATHLEEN DICHIARA	5 PRINCESS PINE ROAD	LINCOLN	RI	02865
NONE				

Director Name	Street Address	City	State	Zip
STEPHEN R DICHIARA	5 PRINCESS PINE ROAD	LINCOLN	RI	02865
NONE				

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	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	COMMON	.01

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

FILED
JAN 22 2016
BY 1049

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: 1/19/16

STEPHEN R DICHIARA
Print or Type Name of Authorized Representative

Form No. 630
Revised: 8/1/2012
131508-54-1102108