



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. 1042050		2. Exact name of the Corporation Insurehealth, Inc.						
3. Principal office address 349 County Street		City Seekonk	State MA	Zip 02771				
4. Business Phone No. 401-837-4793		5. State of Incorporation Massachusetts						
6. Brief description of the character of business conducted in Rhode Island Health Insurance Consultation and Sales								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐								
President Name Johnny Zeqi Luo			Vice-President Name None					
Street Address 349 County Street			Street Address					
City Seekonk	State MA	Zip 02771	City	State	Zip			
Secretary Name Johnny Zeqi Luo			Treasurer Name Johnny Zeqi Luo					
Street Address 349 County Street			Street Address 349 County Street					
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐								
Director Name Johnny Zeqi Luo			Director Name					
Street Address 349 County Street			Street Address					
City Seekonk	State MA	Zip 02771	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
						0	common	no par

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

Form No. 630
Revised: 01/2012

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

Johnny Zeqi Luo

Print or Type Name of Authorized Representative

BY

FILED

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