



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 Non-Profit  
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: 2016

1. Corporate ID No. 000089304

2. Name of Corporation The Healing Co-Operative

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 222 MITCHELLS LANE

City or Town: MIDDLETOWN

State: RI

Zip: 02842

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town:

State:

Zip:

Country:

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

TO PROVIDE A CENTER FOR EDUCATIONAL AND HEALTH SERVICES.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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
PRESIDENT	LINDA PHELAN	222 MITCHELLS LANE MIDDLETOWN, RI 02842 USA
TREASURER	TERRANCE GAVAN	18 PHELPS ST. MIDDLETOWN, RI 02842 USA
DIRECTOR	KATE BAKER	24 JOSEPH RD PORTSMOUTH, RI 02871 USA

DIRECTOR	MARIE PHELAN	300 BAY ST. #52 FALL RIVER, MA 02724 USA
DIRECTOR	CHRISTA JOHNSON	222 MITCHELLS LANE MIDDLETOWN, RI 02842 USA
DIRECTOR	CAROL SOLIMENE	PO BOX 66 TIVERTON, RI 02878 USA

**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**

CAROL A. SOLIMENE 272 MITCHELL'S LANE MIDDLETOWN , RI 02842

**Signed this 7 Day of July, 2016 at 11:42:58 AM 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 LINDA PHELAN  
Signature of Authorized Person

Form No. 631  
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*

