



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2017 JAN 20 AM 11:00

1. Entity ID Number <u>116549</u>		2. Exact name of the Corporation <u>HEATH Network INC.</u>			
3. Principal Office Address <u>1615 Pontiac Ave</u>		City <u>Cranston</u>		State <u>RI</u>	Zip <u>02920</u>
4. NAICS Code <u>52</u>		6. Brief description of the character of business conducted in Rhode Island <u>INSURANCE SALES</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Richard Engelman</u>		Vice-President Name <u>Mike Genna</u>			
Street Address <u>41 Mulberry Dr.</u>		Street Address <u>58 Begonia</u>			
City <u>S.K.</u>	State <u>RI</u>	Zip <u>02879</u>	City <u>Cranston</u>	State <u>RI</u>	Zip <u>02920</u>
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>8000</u>			<u>1.00</u>
11. 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. <u>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.</u>					
Name of Authorized Representative <u>Richard Engelman</u>					Date <u>1/20/16</u>
Signature of Authorized Representative <u>[Signature]</u>					

FILED

JAN 20 2017

BY

0293652
11:00

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2016