



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 24310		2. Exact name of the Corporation LONDON HEALTH ADMINISTRATORS, LTD.			
3. Principal Office Address 40 COMMERCIAL WAY		City EAST PROVIDENCE		State RI	Zip 02914
4. NAICS Code 52 - Finance and Insurance		6. Brief description of the character of business conducted in Rhode Island INSURANCE			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name DONNA Q READ		Vice-President Name			
Street Address 40 COMMERCIAL WAY		Street Address			
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Secretary Name DONNA Q READ		Treasurer Name DONNA Q READ			
Street Address 40 COMMERCIAL WAY		Street Address 40 COMMERCIAL WAY			
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DONNA Q READ		Director Name			
Street Address 40 COMMERCIAL WAY		Street Address			
City EAST PROVIDENCE	State RI	Zip 02914	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
		100	COMMON	NO PAR VALUE	
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. 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.					
Name of Authorized Representative DONNA Q READ		FILED FEB 17 2017		Date 2-6-17	
Signature of Authorized Representative 		BY 3076		DS	

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