



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 000994366

**2. Name of Corporation** South County Health & Wellness Group

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813212

**4. Corporate Address in Rhode Island**

No. and Street: 3949 OLD POST ROAD, SUITE 101

City or Town: CHARLESTOWN

State: RI Zip: 02813 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**

OUR PURPOSE IS TO BRING THE SURROUNDING COMMUNITIES TOGETHER BY ORGANIZING AND PROVIDING FREE WELLNESS EVENTS, WHERE THERE IS A CHANCE TO LEARN, TEACH AND EXPLORE DIFFERENT COMPLEMENTARY AND ALTERNATIVE HEALTH CARE PRACTICES. WE LOOK TO EXTEND OUR WELLNESS COMMUNITY TO INCLUDE LOCAL BUSINESS OWNERS, WELLNESS PRACTITIONERS, AND HEALTH AND FITNESS ENTHUSIASTS. HEALTH AND WELLNESS ARE VITAL TO IMPROVING AND SUSTAINING A LEVEL OF HAPPINESS AND BALANCE IN OUR DAILY LIVES.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete**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**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	FRANK CRANDALL	PO BOX 1360 CHARLESTOWN, RI 02813 USA
SECRETARY	LAURA DOWNES	60 HIGHVIEW AVE HOPE VALLEY, RI 02832 USA
OTHER OFFICER	FRANK CRANDALL	
DIRECTOR	LAURA DOWNES	60 HIGHVIEW AVE HOPE VALLEY, RI 02832 USA
DIRECTOR	FRANK CRANDALL	3949 OLD POST ROAD CHARLESTOWN, RI 02813 US
DIRECTOR	RACHAEL MUSCH	126 COLUMBIA STREET WAKEFIELD, RI 02879 US

**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**

FRANK CRANDALL 3949 OLD POST ROAD CHARLESTOWN , RI 02813

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 7 Day of July, 2017 at 1:09:17 PM 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 FRANK CRANDALL  
Signature of Authorized Person

Form No. 631  
Revised 09/07