State of Rhode Island and Providence Plantations
Department of State – Business Services Division

ANNUAL REPORT FOR THE YEAR 2018

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. Corporate ID No.	2. Name of Corporation
001056012	Health and Life Care, Inc.

3. Street Address Principal Business Office	City	State	Zip
544 Douglas Avenue	Providence	RI	02908

4. NAICS Code	5. State of Incorporation
524114	Rhode Island

6. Brief Description of the Character of Business Conducted in Rhode Island
selling health insurance

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Robert J. Levine	
Street Address	Street Address
544 Douglas Avenue	
City / State / Zip	City / State / Zip
Providence / RI / 02908	
Secretary Name	Treasurer Name
Robert J. Levine	Robert J. Levine
Street Address	Street Address
544 Douglas Avenue	544 Douglas Avenue
City / State / Zip	City / State / Zip
Providence / RI / 02908	Providence / RI / 02908

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

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: *("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

10. SHARES ISSUED: *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES - THIS SECTION MUST BE COMPLETED

Number of Shares	Class Series	Par Value
100 common shares $.01 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.

X _____ 2/20/2018
Signature Date

Robert J. Levine
Print or Type Name

President
Title

FILED
FEB 28 2018
BY 5001

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