



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.

STAMP

FOR
 SECRETARY OF STATE
 R.I. 02903

1. Entity ID Number 001678307		2. Exact name of the Corporation M + M Wellness Center Inc.	
3. Principal Office Address 85 Beach Street Bldg. C, Unit 8		City Westerly	State RI
		Zip 02891	
4. NAICS Code 621340	6. Brief description of the character of business conducted in Rhode Island mental healthcare & massage		
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		Vice-President Name	
Street Address		Street Address	
City	State	Zip	City
			State
			Zip
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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
			PAR VALUE
			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. <i>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.</i>			
Name of Authorized Representative Samantha Winfrey		Date 3/9/18	
Signature of Authorized Representative 		FILED	
SIGN DOCUMENT HERE		MAR 12 2018	

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

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