RI SOS Filing Number: 201869407030 Date: 6/12/2018 12:57:00 PM

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.

2018 JUN 12 PM 12:57 SECRETARY OF STATE CORPORATIONS DIV

1. Entity ID Number	2. Exact name of the Corporation
940989	Pr02Health, Inc.

3. Principal Office Address	City	State	Zip
341 George Washington Highway	Smithfield	RI	02917

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541490	Software
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Robert J. Bouthillier	Vice-President Name:
Street Address: 341 George Washington Highway	Street Address:
City: Smithfield State: RI Zip: 02917	City: State: Zip:
Secretary Name: Robert J. Bouthillier	Treasurer Name: Robert J. Bouthillier
Street Address: 341 George Washington Highway	Street Address: 341 George Washington Highway
City: Smithfield State: RI Zip: 02917	City: Smithfield State: RI Zip: 02917

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200 Shares	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: ROBERT J BOUTHILLIER

Date: 2/28/2018

Signature of Authorized Representative: [signature] — SIGN DOCUMENT HERE

FILED

JUN 12 2018

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12:57

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

FORM 630 - Revised: 10.2017