



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

RECEIVED
 SECRETARY OF STATE
 CORPORATIONS DIV
 JUN 12 2018 PM 12:55

Annual Report for the year: 2016
 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 940989		2. Exact name of the Corporation PrO2Health, Inc.			
3. Principal Office Address 341 George Washington Highway		City Smithfield	State RI	Zip 02917	
4. NAICS Code 541490	6. Brief description of the character of business conducted in Rhode Island Software				
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 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 <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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State.			NUMBER OF SHARES		
Changes require an additional filing.			CLASSIFICATION		
			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 					SIGN DOCUMENT HERE

MAIL TO:
 Division of Business Services
 42 W. River Street, Providence, Rhode Island 02804-2815
 Phone: (401) 322-3040
 Website: www.sos.ri.gov

FILED
JUN 12 2018
166 332516
12:56