



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

Annual Report for the year: 2018  
 Non-Profit Corporation

- Filing period: June 1 - June 30
- Filing Fee: \$20.00
- Penalty: Additional \$25.00 fee if form is not filed by July 30.

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 SECRETARY OF STATE  
 CORPORATIONS DIV.  
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1. Entity ID Number <b>000703735</b>		2. Exact name of the Corporation <b>Healing Wells Life Style Educational Resources</b>			
3. State of Incorporation <b>RI</b>		5. Brief description of the character of business conducted in Rhode Island <b>To promote healthy life style community educational awareness</b>			
4. NAICS Code <b>813212</b>					
6. Principal Office Address <b>1 Cadillac Dr. Apt 618</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02907</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>					
President Name <b>Anstey Small</b>		Vice-President Name <b>Greta Palmer</b>			
Street Address <b>347 Quincy Street</b>		Street Address <b>1519 Lincoln Place Apt. 5B</b>			
City <b>Brooklyn</b>	State <b>NY</b>	Zip <b>11216</b>	City <b>Brooklyn</b>	State <b>NY</b>	Zip <b>11213</b>
Secretary Name <b>Claudia Marrast</b>		Treasurer Name <b>Claudia Marrast</b>			
Street Address <b>437 Amboy Street</b>		Street Address <b>437 Amboy Street</b>			
City <b>Brooklyn</b>	State <b>NY</b>	Zip <b>11213</b>	City <b>Brooklyn</b>	State <b>NY</b>	Zip <b>11213</b>
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. <span style="float: right;">Check the box to indicate an attachment: <input type="checkbox"/></span>					
Director Name <b>Anstey Small</b>		Director Name <b>Greta Palmer</b>			
Street Address <b>347 Quincy Street</b>		Street Address <b>1519 Lincoln Place Apt. 5B</b>			
City <b>Brooklyn</b>	State <b>NY</b>	Zip <b>11216</b>	City <b>Brooklyn</b>	State <b>NY</b>	Zip <b>11213</b>
Director Name <b>Claudia Marrast</b>		Director Name			
Street Address <b>437 Amboy Street</b>		Street Address			
City <b>Brooklyn</b>	State <b>NY</b>	Zip <b>11213</b>	City	State	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative <b>Luis D. Martinez</b>				Date <b>06/27/18</b>	
Signature of Officer/Authorized Representative 				SIGN DOCUMENT HERE	

**FILED**

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 BY 336383  
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