



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

Annual Report for the year:
Non-Profit Corporation

2017

- 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
 2018 AUG -6 PM 3:38

1. Entity ID Number 000703735		2. Exact name of the Corporation Healing Wells Life Style Educational Resources			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island To promote healthy life style community educational awareness			
4. NAICS Code 813212					
6. Principal Office Address 1 Cadillac Dr. Apt 618			City Providence	State RI	Zip 02907
7. List ALL officers (names and addresses) Check the box to indicate an attachment: <input type="checkbox"/>					
President Name Anstey Small		Vice-President Name Greta Palmer			
Street Address 347 Quincy Street		Street Address 1519 Lincoln Place Apt. 5B			
City Brooklyn	State NY	Zip 11216	City Brooklyn	State NY	Zip 11213
Secretary Name Claudia Marrast		Treasurer Name Claudia Marrast			
Street Address 437 Amboy Street		Street Address 437 Amboy Street			
City Brooklyn	State NY	Zip 11213	City Brooklyn	State NY	Zip 11213
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment: <input type="checkbox"/>					
Director Name Anstey Small		Director Name Greta Palmer			
Street Address 347 Quincy Street		Street Address 1519 Lincoln Place Apt. 5B			
City Brooklyn	State NY	Zip 11216	City Brooklyn	State NY	Zip 11213
Director Name Claudia Marrast		Director Name			
Street Address 437 Amboy Street		Street Address			
City Brooklyn	State NY	Zip 11213	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.					
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>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 Luis D. Martinez				Date 8/7/18	
Signature of Officer/Authorized Representative 				SCAN DOCUMENT HERE	

FILED 8/7/18

AUG 06 2018
 BY **1336383**
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