



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

Annual Report for the year: 2015
 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.
 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 813217					
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 06/27/18	
Signature of Officer/Authorized Representative 					

FILED

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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FORM 631 - Revised: 11/2017