



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

NAICS Code:
62

Certificate # 4037

1. Entity ID Number 122407		2. Exact name of the Corporation PROVIDENCE WHOLISTIC HEALTHCARE, INC	
3. Principal Office Address 144 WATERMAN STREET, SUITE #3		City PROVIDENCE	State RI
		Zip 02906	
4. NAICS Code 621399	6. Brief description of the character of business conducted in Rhode Island NATUROPATHIC HEALTH CONSULTING SERVICES: DIET, NUTRITION BOTANICAL, HOMEOPATHICS CONSULTING, ACUPUNCTURE SERVICES; RETAIL SALES OF NUTRITION-NUTRITICALS		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name SHEILA M. FRODERMANN		Vice-President Name CAROL L. SENG	
Street Address 274 CENTRAL AVE		Street Address 274 CENTRAL AVE	
City SEEKONK	State MA	Zip 02771	City SEEKONK
			State MA
			Zip 02771
Secretary Name CAROL L. SENG		Treasurer Name SHEILA M. FRODERMANN	
Street Address 274 CENTRAL AVE		Street Address 274 CENTRAL AVE	
City SEEKONK	State MA	Zip 02771	City SEEKONK
			State MA
			Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name SHEILA M. FRODERMANN		Director Name	
Street Address 274 CENTRAL AVE		Street Address	
City SEEKONK	State MA	Zip 02771	City
			State
			Zip
Director Name CAROL L. SENG		Director Name	
Street Address 274 CENTRAL AVE		Street Address	
City SEEKONK	State MA	Zip 02771	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. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
		0	0
		NONE	NONE
		NONE	NONE
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 SHEILA M. FRODERMANN		Date 1/18/19	
Signature of Authorized Representative 			

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

JAN 24 2019

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