



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.

RECEIVED
 SECRETARY OF STATE
 CORPORATION DIVISION
 2019 FEB 14 PM 2:28

1. Entity ID Number 1338447		2. Exact name of the Corporation AQAL Therapies, Inc.			
3. Principal Office Address One Richmond Square, Suite 103k			City Providence	State RI	Zip 02906
4. NAICS Code 621330		6. Brief description of the character of business conducted in Rhode Island Mental health and health education			
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 Todd J. Schmenk			Vice-President Name		
Street Address One Richmond Square, Suite 103k			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Todd J. Schmenk			Treasurer Name Todd J. Schmenk		
Street Address One Richmond Square, Suite 103k			Street Address One Richmond Square, Suite 103k		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
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. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		PAR VALUE			
		100	Common	\$.01	
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 Todd J. Schmenk, President					Date 2-1-19
Signature of Authorized Representative <i>Todd J. Schmenk</i> SIGN DOCUMENT HERE					

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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