



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

Annual Report for the year: **2019**
Corporation

STAMP

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 000940989		2. Exact name of the Corporation Pr02Health, Inc.												
3. Principal Office Address 341 George Washington Highway			City Smithfield	State RI	Zip 02917									
4. NAICS Code 541490		6. Brief description of the character of business conducted in Rhode Island Software												
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 Robert J. Bouthillier			Vice-President Name											
Street Address 341 George Washington Highway			Street Address											
City Smithfield	State RI	Zip 02917	City	State	Zip									
Secretary Name Robert J. Bouthillier			Treasurer Name Robert J. Bouthillier											
Street Address 341 George Washington Highway			Street Address 341 George Washington Highway											
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917									
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.			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200 shares</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	200 shares	Common	No Par Value			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
200 shares	Common	No Par Value												
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 Robert J. Bouthillier				Date 2/14/19										
Signature of Authorized Representative 				SIGN DOCUMENT HERE 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

FEB 25 2019
BY 11732 DS FORM 630 - Revised: 10/2017