



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

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

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

2019 DEC 30 PM 12:34  
SECRETARY OF STATE  
CORPORATIONS DIVISION

|  |       |  |                                 |                      |                |
|--|-------|--|---------------------------------|----------------------|----------------|
| 1. Entity ID Number<br>001660205   |       | 2. Exact name of the Corporation<br>LIFEWORCS US INC.  |                                 |                      |                |
| 3. Principal Office Address<br>895 Don Mills Road, Tower One, Suite 700  |       |  | City<br>Toronto, Ontario CANADA | State                | Zip<br>M3C 1W3 |
| 4. NAICS Code<br>541612  |       | 6. Brief description of the character of business conducted in Rhode Island<br>EAP & Wellness Service provider |                                 |                      |                |
| 5. State of Incorporation<br>DE  |       |  |                                 |                      |                |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>  |       |  |                                 |                      |                |
| President Name   |       |  | Vice-President Name             |                      |                |
| Street Address   |       |  | Street Address                  |                      |                |
| City   | State | Zip  | City                            | State                | Zip            |
| Secretary Name   |       |  | Treasurer Name                  |                      |                |
| Street Address   |       |  | Street Address                  |                      |                |
| City   | State | Zip  | City                            | State                | Zip            |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>   |       |  |                                 |                      |                |
| 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |       |  |                                 |                      |                |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |       | 10. Shares Issued  |                                 |                      |                |
|  |       | 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.<br><b>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.</b> |       |  |                                 |                      |                |
| Name of Authorized Representative<br>Susan Marsh   |       |  |                                 | Date<br>DEC 18, 2019 |                |
| Signature of Authorized Representative<br>   |       |  |                                 | SIGN DOCUMENT HERE   |                |

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02804-2615  
Phone: (401) 222-3040  
Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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FORM 630 - Revised: 10/2017

1660205

LIFEWORKS US INC.

OFFICERS AND DIRECTORS

Grier Colter, Chief Financial Officer & Director

895 Don Mills Road, Tower One, Suite 700, Toronto, Ontario M3C 1W3, Canada

Stephen Liptrap, President/CEO & Director

895 Don Mills Road, Tower One, Suite 700, Toronto, Ontario M3C 1W3, Canada

Susan Marsh, Secretary & Director

895 Don Mills Road, Tower One, Suite 700, Toronto, Ontario M3C 1W3, Canada