



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2019**

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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R.I. DEPT. OF STATE  
BUS SVCS DIV  
2020 JUN -1 PM 4:18

1. Entity ID Number <b>000703735</b>		2. Exact name of the Corporation <b>Healing Well Life Style Educational Resources</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>To promote holistic wellness and community healthy life style educational awareness.</b>			
4. NAICS Code <b>813212 - Voluntary Health</b>					
6. Principal Office Address <b>347 A Quincy Street</b>			City <b>Brooklyn</b>	State <b>NY</b>	Zip <b>11213</b>
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Keymar Small</b>			Vice-President Name <b>Greta Palmer</b>		
Street Address <b>347A Quincy Street</b>			Street Address <b>1519 Lincoln Place Apt 5B</b>		
City <b>Brooklyn</b>	State <b>NY</b>	Zip <b>11216</b>	City <b>Brooklyn</b>	State <b>NY</b>	Zip <b>11213</b>
Secretary Name <b>Claudia Marrast</b>			Treasurer Name <b>Claudia Marrast</b>		
Street Address <b>437 Amboy Street</b>			Street Address <b>437 Amboy Street</b>		
City <b>Brooklyn</b>	State <b>NY</b>	Zip <b>11213</b>	City <b>Brooklyn</b>	State <b>NY</b>	Zip <b>11213</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Keymar Small</b>			Director Name <b>Greta Palmer</b>		
Street Address <b>347A Quincy Street</b>			Street Address <b>1519 Lincoln Place Apt 5B</b>		
City <b>Brooklyn</b>	State <b>NY</b>	Zip <b>11216</b>	City <b>Brooklyn</b>	State <b>NY</b>	Zip <b>11213</b>
Director Name <b>Claudia Marrast</b>			Director Name		
Street Address <b>437 Amboy Street</b>			Street Address		
City <b>Brooklyn</b>	State <b>NY</b>	Zip <b>11213</b>	City <b>Brooklyn</b>	State <b>NY</b>	Zip
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<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>					
<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 <b>Luis D. Martinez</b>				Date <b>05/25/20</b>	
Signature of Officer/Authorized Representative <i>[Signature]</i>				<b>FILED 4:19</b>	

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

JUN 01 2020

BY *[Signature]* **FORM 631 - Revised: 06/2019**