



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

Annual Report for the year: **2019**

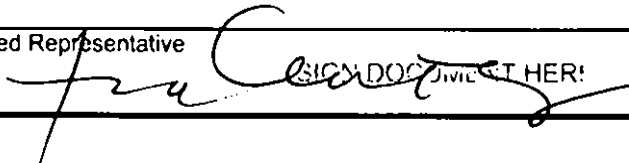
Non-Profit Corporation

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

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

JUN 01 2020

BY  **FORM 631 - Revised: 06/2019**