State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2020
Limited Liability Company

→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company
274511	MEDI HEALTH And Wellness LLC
3. NAICS Code: 621999	4. Brief description of the character of business conducted in Rhode Island: Health and Wellness Solutions, prevention, and Research and development Bio-med
5. State of Formation: RI	

6. Principal Office Address	City	State	Zip
126 ARNOLD AVE.	CRANSTON	RI	02905

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
John E. Migliaccio	Managing Partner		
Street Address	**City**	**State**	**Zip**
126 Arnold Ave	Cranston	RI	02905

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.

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 Person	Date
John E. Migliaccio	10/25/20
Signature of Authorized Person: John E. Migliaccio	

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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BY [illegible]
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FORM 632 - Revised: 08/2020