



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

STAMP

FEB 26 2021

BY

2999

1. Entity ID Number 000035258		2. Exact name of the Corporation Pro Health, Inc.												
3. Principal Office Address 35 Third Street			City North Kingstown	State RI	Zip 02852									
4. NAICS Code 713940		6. Brief description of the character of business conducted in Rhode Island Manage Corporate Fitness and Wellness Programs												
5. State of Incorporation RI														
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name Susan Coppa-Collins			Vice-President Name None											
Street Address 35 Third Street			Street Address											
City North Kingstown	State RI	Zip 02852	City	State	Zip									
Secretary Name None			Treasurer Name Susan Coppa-Collins											
Street Address			Street Address 35 Third Street											
City	State	Zip	City North Kingstown	State RI	Zip 02852									
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
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 This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>200</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	Common	No Par Value			
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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 Susan Coppa-Collins				Date February 23, 2021										
Signature of Authorized Representative 														