



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 001701570

2. Name of Corporation Alternative Integrative Medicine, Inc.

3. Street Address Principal Business Office:

No. and Street: 222 JEFFERSON BOULEVARD
SUITE #4

City or Town: WARWICK

State: RI Zip: 02888 Country: USA

4. Business Phone No.

(401)-423-4433

5. State of Incorporation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621498

6. Brief Description of the Character of Business Conducted in Rhode Island

ALTERNATIVE INTEGRATIVE MEDICINE, INC. IS WORKING TOWARDS BECOMING A LEADER IN SOUTHERN NEW ENGLAND IN TERMS OF ALTERNATIVE MEDICINE. THE FOCUS IS HELPING PATIENTS BECOME HEALTHIER, HAPPIER, AND PAIN FREE. THIS IS ACCOMPLISHED BY EMPLOYING LICENSED MEDICAL PROFESSIONALS WHO ARE EXPERTS TO PROVIDE THE HIGHEST QUALITY OF NATURAL AND EFFECTIVE INTEGRATIVE MEDICINE. THE GOAL IS TO TREAT/SERVE CHRONIC PAINS: STRESS, ANXIETY, AND IN ADDITION TO OTHER NUMEROUS HEALTH CONDITIONS AND ILLNESSES. WITH GOOD FAITH, ALTERNATIVE INTEGRATIVE MEDICINE, INC. AIMS AT ACHIEVING THIS GOAL BY ELIMINATING PAIN AND IMPROVING A PATIENT'S HEALTH AND WELLBEING. THROUGH A COMBINED UNDERSTANDING OF ORIENTAL

AND

WESTERN MEDICAL TECHNIQUES; OUR MEDICAL PROFESSIONALS TREAT THE ROOT CAUSES AND BRANCH SYMPTOMS OF ILLNESS, CHRONIC PAIN, ELIMINATING DISCOMFORT, AND GREATLY IMPROVING THE LIFESTYLES OF PATIENTS. EACH AND EVERY PATIENT IS TREATED WITH THE UTMOST CARE, PROFESSIONALISM, RESPECT, AND COMPASSION.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
CHIEF FINANCIAL AND COMPLIANCE OFFICER (C.F.O./C.C.O.)	JASON IRVING SIMMONS	198 PLAINFIELD PIKE FOSTER, RI 02825 USA
CHIEF EXECUTIVE OFFICER (C.E.O.)	BRANDON PHILIP NOWAK	198 PLAINFIELD PIKE FOSTER, RI 02825 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$0.0100	1,000.00	0

9. 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.

Signed this 1 Day of June, 2021 at 11:41:25 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JASON IRVING SIMMONS

Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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