



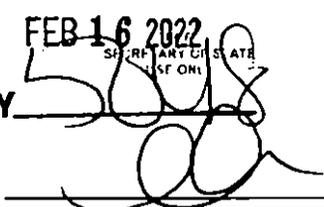
State of Rhode Island

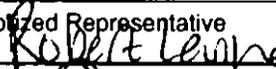
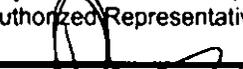
Department of State - Business Services Division

Annual Report for the year: 2022

Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED STAMP
 FEB 16 2022
 SH. SECRETARY OF STATE
 R.I.
 BY 

1. Entity ID Number 001056012		2. Exact name of the Corporation Health and Life Care, Inc.			
3. Principal Office Address 544 Douglas Avenue			City Providence	State RI	Zip 02908
4. NAICS Code 524114		6. Brief description of the character of business conducted in Rhode Island selling health insurance			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Robert J. Levine			Vice-President Name		
Street Address 544 Douglas Avenue			Street Address 544 Douglas Avenue		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Robert J. Levine			Treasurer Name Robert J. Levine		
Street Address 544 Douglas Avenue			Street Address 544 Douglas Avenue		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100 common shares \$.01 par value			
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 				Date 2-2-22	
Signature of Authorized Representative 					

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