



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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

FEB 27 2023

BY 856 jes

1. Entity ID Number 795553		2. Exact name of the Corporation ABCH HOLDINGS, INC.			
3. Principal Office Address 1016 EAST MAIN ROAD UNIT 2B			City PORTSMOUTH	State RI	Zip 02871
4. NAICS Code 721110		6. Brief description of the character of business conducted in Rhode Island A HEALTH SPA			
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 CHRISTOPHER P. HUMMEL			Vice-President Name ALICIA BJORNSON		
Street Address 9 TIMBERLINE DRIVE			Street Address 39 LAST STREET 30 BRIDGEVIEW WAY		
City WALPOLE	State MA	Zip 02081	City TIVERTON PORTSMOUTH	State RI	Zip 02878 02871
Secretary Name ALICIA BJORNSON			Treasurer Name ALICIA BJORNSON		
Street Address 39 LAST STREET 30 BRIDGEVIEW WAY			Street Address 39 LAST STREET 30 BRIDGEVIEW WAY		
City TIVERTON PORTSMOUTH	State RI	Zip 02878 02871	City TIVERTON PORTSMOUTH	State RI	Zip 02878 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name N/A			Director Name N/A		
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 OF SHARES	PAR VALUE
			1000	COMMON	NO PAR
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 ALICIA BJORNSON, VICE-PRESIDENT/SECRETARY/TREASURER				Date 2/23/23	
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