



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation _____

STAMP
MAR 07 2023
[Handwritten Signature]
 FOR _____

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

1. Entity ID Number 24310		2. Exact name of the Corporation LONDON HEALTH ADMINISTRATORS, LTD.			
3. Principal Office Address 40 COMMERCIAL WAY			City EAST PROVIDENCE	State RI	Zip 02914
4. NAICS Code 524298		6. Brief description of the character of business conducted in Rhode Island 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 DONNA Q READ			Vice-President Name		
Street Address 40 COMMERCIAL WAY			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
Secretary Name DONNA Q READ			Treasurer Name DONNA Q READ		
Street Address 40 COMMERCIAL WAY			Street Address 40 COMMERCIAL WAY		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name DONNA Q READ			Director Name		
Street Address 40 COMMERCIAL WAY			Street Address		
City EAST PROVIDENCE	State RI	Zip 02914	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/SERIFS	PAR VALUE
			100	COMMON	NO 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 DONNA Q READ				Date 3-2-23	
Signature of Authorized Representative <i>[Handwritten Signature]</i>					

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