RI SOS Filing Number: 202330308850 Date: 3/8/2023 4:00:00 PM

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.

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BUS SVCS DIV
2023 MAR -8 P 2:49

1. Entity ID Number	2 Exact name of the Corporation		
1716810	Mylyfe Inc.		
3. Principal Office Address	City	State	Zip
1111 Elm Street, Suite 12	West Springfield	MA	01089
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
446110	Specialty pharmaceutical services		
5. State of Incorporation			
Connecticut			

7 List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
Adam Oliveri	60 Stonehill Road	East Longmeadow	MA	01028

Vice-President Name	Street Address	City	State	Zip
Mark Zatrka	3340 Phelps Road	West Suffield	CT	06093

Secretary Name	Street Address	City	State	Zip
Mark Zatrka	3340 Phelps Road	West Suffield	CT	06093

Treasurer Name	Street Address	City	State	Zip
Adam Oliveri	60 Stonehill Road	East Longmeadow	MA	01028

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	12,000	n/a	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	Date
Adam Oliveri, President	2.6.23

Signature of Authorized Representative

FILED
MAR 08 2023
BY RST20
2:49

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

FORM 630 - Revised: 11/2021