	State of Rhode IslandFee: \$20.00Office of the Secretary of State		
	Division Of Business Services		
	148 W. River Street		
	Providence RI 02904-2615		
7630	(401) 222-3040		
Non-Profit Corp Annual Report Filing Period: Febr			
	R.I.G.L. 7-6-94, each corporation failing or refusing to file its n the time prescribed by law (R.I.G.L. 7-6-91) is subject to a .00.		
ANNUAL REPORT	YEAR: <u>2023</u>		
1. Corporate ID N	lo. <u>001683746</u>		
2. Name of Corpo	pration BOOBIFICATION OF HEALING WITH INK, Inc.		
3. State of Incorp	poration		
State: <u>RI</u>			
primary type of ac populate a NAICS	wn labeled NAICS Code below, select the classification title that describes the ctivity in which your entity engages. The box to the right of the dropdown will Code based on the chosen selection. If the NAICS Code is known, enter it into the for further assistance with selecting a classification <u>click here</u> .		
NAICS Code			
813212			
4. Principal Offic	e Address		
No. and Street:	35 CARNATION STREET		
	FLOOR 1		
City or Town:	WOONSOCKETState: RIZip: 02895Country: USA		
5. Brief Description	on of the Character of the Affairs Conducted in Rhode Island		
<u>TO AID BREAS</u> <u>TATTOOS</u>	T CANCERS SURVIVORS THROUGH THE APPLICATION OF HEALING		
6. Names and Ad	dresses of the Officers and Directors:		
All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.			

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	TRISHA ANNE PARENTEAU MS.	35 CARNATION ST WOONSOCKET, RI 02895 UNI
PRESIDENT	TRISHA A PARENTEAU	35 CARNATION ST FL 1 WOONSOCKET, RI 02895-1142 USA
TREASURER	RENEE LANCTOT	554 ROBINSON ST WOONSOCKET, RI 02895 USA
DIRECTOR	JEFFREY LEMIRE	35 CARNATION ST WOONSOCKET, RI 02895 USA
DIRECTOR	LISA RICHER	234 JOFFRE AVE WOONSOCKET, RI 02895 USA
DIRECTOR	JOSHUA T ROGERS	357 RATHBURN ST WOONSOCKET, RI 02895 USA

## 7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

JOHN J. FLANAGAN, ESQ. 2348 POST ROAD WARWICK , RI 02886

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

**Signed this 17 Day of April, 2023 at 12:29:06 PM by the authorized person.** *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.* 

## By TRISHA PARENTEAU

Signature of Authorized Person

Form No. 631 Revised 09/07

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