



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT FILING YEAR 2023:** 2023

**1. Corporate ID No.** 001744220

**2. Name of Corporation** Workit Health (CA), P.C.

**3. Street Address Principal Business Office:**

No. and Street: 911 MORAGA ROAD, SUITE 200

City or Town: LAFAYETTE

State: CA Zip: 94549 Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: CA

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621111

**6. Brief Description of the Character of Business Conducted in Rhode Island**

PROVISION OF HEALTHCARE SERVICES SHARES ARE CWP 47,600,000, PWP 14,251,945  
SERIES A-1,A-2,A-3, A-4, PWP SERIES B 8,931,958, PWP SERIES C 7,985,644. ALL  
SHARES HAVE 0.00001 PAR VALUE

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
CHIEF ADMINISTRATIVE OFFICER	ROBIN MCINTOSH	300 WASHTENAW AVENUE, SUITE 280 ANN ARBOR, MI 48104 USA
PRESIDENT	AMY MEISTER DO	6855 SPRING VALLEY DR., SUITE 110 HOLLAND, OH 43528 USA

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
No Stock Information available.				

**9. 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.**

**Signed this 1 Day of May, 2023 at 7:49:38 PM.** *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By ROBIN MCINTOSH

Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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