



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.

RECEIVED STAMP  
R.I. DEPT. OF STATE  
BUS SVCS DIVISION

2023 MAY -9 P 12:23

1. Entity ID Number 001056012		2. Exact name of the Corporation Health and Life Care, Inc.			
3. Principal Office Address 544 Douglas Avenue			City Providence	State RI	Zip 02908
4. NAICS Code 524114	6. Brief description of the character of business conducted in Rhode Island selling health insurance				
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Robert J. Levine			Vice-President Name		
Street Address 544 Douglas Avenue			Street Address		
City Providence	State RI	Zip 02908	City	State	Zip
Secretary Name Robert J. Levine			Treasurer Name Robert J. Levine		
Street Address 544 Douglas Avenue			Street Address 544 Douglas Avenue		
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State.			Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100 Common Shares with 0.01 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 Robert J. Levine				Date 04/24/2023	
Signature of Authorized Representative				FILED	

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

MAY 09 2023  
BY ML 5062