



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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|---|-------------|--|---|-------|-----------------|------------------|-----------|-----------|----------|--|-------------|--|--|--|
| 1. Entity ID Number 001719013 | | 2. Exact name of the Corporation Upward Health Inc. | | | | | | | | | | | | |
| 3. Principal Office Address 188 Valley Street, Suite 201 | | | City Providence | | State RI | | | | | | | | | |
| 4. NAICS Code 621610 | | | 6. Brief description of the character of business conducted in Rhode Island Medical/Behavioral Care | | | | | | | | | | | |
| 5. State of Incorporation Delaware | | | | | | | | | | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| President Name | | | Vice President Name | | | | | | | | | | | |
| Street Address | | | Street Address | | | | | | | | | | | |
| City | State | Zip | City | State | Zip | | | | | | | | | |
| Secretary Name | | | Treasurer Name | | | | | | | | | | | |
| Street Address | | | Street Address | | | | | | | | | | | |
| City | State | Zip | City | State | Zip | | | | | | | | | |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | | | | | | | | | | |
| Director Name Glen Moller | | | Director Name | | | | | | | | | | | |
| Street Address 188 Valley Street, Suite 201 | | | Street Address | | | | | | | | | | | |
| City Providence | State RI | Zip 02909 | 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. | | | <table border="1"> <tr> <td>NUMBER OF SHARES</td> <td>CLASS/CLS</td> <td>PAN VALER</td> </tr> <tr> <td>zero (0)</td> <td></td> <td>.0001000000</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </table> | | | NUMBER OF SHARES | CLASS/CLS | PAN VALER | zero (0) | | .0001000000 | | | |
| NUMBER OF SHARES | CLASS/CLS | PAN VALER | | | | | | | | | | | | |
| zero (0) | | .0001000000 | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Changes require an additional filing. | | | | | | | | | | | | | | |
| 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 Doug Thompson | | | | | Date 6/14/23 | | | | | | | | | |
| 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

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FORM 630 - Revised: 11/2021