



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

No Fee

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

**Business Corporation  
Annual Report - Amended**

*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.*

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2024

**1. Corporate ID No.** 001701570

**2. Name of Corporation** Alternative Integrative Medicine, Inc.

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

No. and Street: 24 CORLISS STREET

BOX # 41546

City or Town: PROVIDENCE

State: RI

Zip: 02940

Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: RI

**NAICS CODE**

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.

621498

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

OUTPATIENT CARE FACILITY

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

**All officers and directors must be listed. If officers and/or directors have been elected, the**

title    Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	BRANDON NOWAK	24 CORLISS STREET BOX # 41546 PROVIDENCE, RI 02940 USA
VICE PRESIDENT	JASON SIMMONS	24 CORLISS STREET BOX # 41546 PROVIDENCE, RI 02940 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>
STK		\$0.0100	1,000.00	0

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 16 Day of January, 2024 at 11:16:11 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 JASON SIMMONS  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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