



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

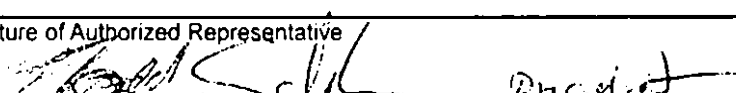
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD
24 FEB 9 PM 2:55:35

1. Entity ID Number 1338447		2. Exact name of the Corporation AQAL Therapies, Inc.			
3. Principal Office Address 2100 Broad Street		City Cranston		State RI	Zip 02905
4. NAICS Code 621330		6. Brief description of the character of business conducted in Rhode Island Mental health and health education			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Todd J. Schmenk			Vice-President Name		
Street Address 2100 Broad Street			Street Address		
City Cranston	State RI	Zip 02905	City	State	Zip
Secretary Name Todd J. Schmenk			Treasurer Name Todd J. Schmenk		
Street Address 2100 Broad Street			Street Address 2100 Broad Street		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
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 Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE \$.01
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 Todd J. Schmenk, President					Date 2/7/24
Signature of Authorized Representative 					

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

FILED
FEB 09 2024
BY ML 1325
FORM 630- Revised 12/2023