



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

Fee: \$20.00

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

**Non-Profit Corporation  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 001707738

**2. Name of Corporation** Wellbeing Collaborative

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

624110

**4. Principal Office Address**

No. and Street: P.O. BOX 780

DANIEL FITZGERALD

City or Town: WYOMING

State: RI Zip: 02898 Country: US

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

EMPOWER ALL RESIDENTS TO NURTURE THEIR MENTAL WELLBEING AND  
ACHIEVE POSITIVE  
HEALTH OUTCOMES THROUGH EDUCATION AND CONNECTION. WE ENVISION A  
COMMUNITY  
WHERE ALL RESIDENTS ARE EQUIPPED WITH THE KNOWLEDGE, SUPPORT  
SYSTEMS, AND  
RESOURCES TO LEAD HEALTHY LIVES.

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

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT AND EXECUTIVE DIRECTOR	DANIEL FITZGERALD	23 SPENCER DRIVE WESTERLY, RI 02891 US
MISSION OFFICER	KALLY HANIFIN	281 SPRING ST ROCKVILLE, RI 02873 US
DIRECTOR	BETTINE BESIER	322 CHURCH STREET WOOD RIVER JUNCTION, RI 02894 USA
DIRECTOR	KAREN JOHNSON	13A ALTON BRADFORD ROAD BRADFORD, RI 02808 USA
DIRECTOR	DOROTHY FITZGERALD	117 PINE WOODS ROAD N. STONINGTON, CT 06359 USA
DIRECTOR	ANN MARIE LOUZON	180 SCAPA FLOW RD CHARLESTOWN, RI 02813 USA

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

DANIEL FITZGERALD 252 SPRING STREET, APT. 1E HOPE VALLEY , RI 02832

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 30 Day of April, 2024 at 11:55:37 AM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By DANIEL FITZGERALD  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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