RI SOS Filing Number: 202566244980 Date: 2/24/2025 4:00:00 PM

**State of Rhode Island**
**Department of State - Business Services Division**

**Annual Report for the year:** 2025
**Corporation**

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

FILED STAMP
FEB 24 2025
BY

| 1. Entity ID Number | 2. Exact name of the Corporation |
|---|---|
| 001762403 | REMEDY WELLNESS CENTER, INC. |

| 3. Principal Office Address | City | State | Zip |
|---|---|---|---|
| 360 Bradford Road | Bradford | RI | 02808 |

| 4. NAICS Code | 6. Brief description of the character of business conducted in Rhode Island |
|---|---|
| 621330 | Mental Health Practice |
| 5. State of Incorporation | |
| Rhode Island | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| President Name | Vice-President Name |
|---|---|
| Samantha Shawn Marsh | |
| Street Address: 2100 Perennial Circle | Street Address: |
| City: Henrico, State: VA, Zip: 23233 | City: , State: , Zip: |
| Secretary Name: Samantha Shawn Marsh | Treasurer Name: Samantha Shawn Marsh |
| Street Address: 2100 Perennial Circle | Street Address: 2100 Perennial Circle |
| City: Henrico, State: VA, Zip: 23233 | City: Henrico, State: VA, Zip: 23233 |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| Director Name | Director Name |
|---|---|
| Samantha Shawn March | |
| Street Address: 2100 Perennial Circle | Street Address: |
| City: Henrico, State: VA, Zip: 23233 | 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 ☐ | | |
|---|---|---|---|
| **This information is currently of record in the Department of State.** | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| **Changes require an additional filing.** | 1,000 | Common | no par |
| | | | |

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 | Date |
|---|---|
| Samantha Shawn-Marsh | 2-13-25 |

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

FORM 630- Revised: 04/2023