



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 RDO5 BSD  
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1. Entity ID Number 001763048		2. Exact name of the Corporation Wholehealth Living, Inc.			
3. Principal Office Address 4031 Aspen Grove Drive, Suite 250			City Franklin	State TN	Zip 37067
4. NAICS Code 621900		6. Brief description of the character of business conducted in Rhode Island Provide administrative services only to health plan customers			
5. State of Incorporation Delaware					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Cinda Jo Frost			Vice-President Name		
Street Address 4031 Aspen Grove Drive, Suite 250			Street Address		
City Franklin	State TN	Zip 37067	City	State	Zip
Secretary Name			Treasurer Name Bryan Flanagan		
Street Address			Street Address 4031 Aspen Grove Drive, Suite 250		
City	State	Zip	City Franklin	State TN	Zip 37067
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Jay Lawhead			Director Name Beth Rohrer		
Street Address 4031 Aspen Grove Drive, Suite 250			Street Address 4031 Aspen Grove Drive, Suite 250		
City Franklin	State TN	Zip 37067	City Franklin	State TN	Zip 37067
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
Changes require an additional filing.			NUMBER OF SHARES 1	CLASS/STOCKS Common	PAR VALUE 0.01
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 Cinda Jo Frost				Date 2/7/2025	
Signature of Authorized Representative <i>Cinda Jo Frost</i>					

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 420 - Revised 12/2023