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 2025: 2025

1. Corporate ID No. 001777419

2. Name of Corporation The Wellness Hub

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
624190

4. Principal Office Address

No. and Street: 40 SCHOOL ST
City or Town: CENTRAL FALLS State: RI Zip: 02863 Country: USA

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

THE WELLNESS HUB IS ORGANIZED EXCLUSIVELY FOR CHARITABLE, RELIGIOUS, EDUCATIONAL, AND SCIENTIFIC PURPOSES, INCLUDING, FOR SUCH PURPOSES, THE
MAKING OF DISTRIBUTIONS TO ORGANIZATIONS THAT WOULD QUALIFY AS EXEMPT
ORGANIZATIONS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, OR THE
CORRESPONDING SECTION OF ANY FUTURE FEDERAL TAX CODE THE WELLNESS

HUB IS
DEDICATED TO FOSTERING HOLISTIC WELL-BEING BY CONNECTING INDIVIDUALS WITH A
DIVERSE RANGE OF HEALTH AND WELLNESS RESOURCES.
THE INTERNAL AFFAIRS OF THE CORPORATION SHALL BE REGULATED BY THE BYLAW,
AND THE BOARD OF DIRECTORS SHALL SUPERVISE THE MANAGEMENT OF THE BUSINESS
AND AFFAIRS OF THE CORPORATION IN ACCORDANCE WITH BY LAWS……
A. THIS CORPORATION SHALL NOT DIRECTLY OR INDIRECTLY ENGAGE IN ANY ACTIVITY:
  1. THAT WILL PREVENT THIS CORPORATION FROM QUALIFYING (AND
CONTINUING TO
QUALIFY) AS A CORPORATION DESCRIBED IN SECTION 501 (C) (3) OF THE CODE AND
REGULATIONS THEREUNDER, OR
  2. WHICH IS PROHIBITED BY AN ORGANIZATION THAT CONTRIBUTIONS
TO WHICH ARE
DEDUCTIBLE UNDER SECTION 170 (C)(2) OF THE CODE AND REGULATIONS THEREUNDER
B. NO PART OF THE NET EARNINGS OF THE CORPORATION SHALL INURE TO THE BENEFIT OF, OR BE DISTRIBUTABLE TO ITS MEMBERS, DIRECTORS, OFFICERS, OR OTHER PRIVATE'S PERSONS, EXCEPT THAT THE CORPORATION SHALL BE AUTHORIZED
AND EMPOWERED TO PAY REASONABLE COMPENSATION FOR SERVICE RENDERED AND TO
MAKE PAYMENTS AND DISTRIBUTIONS AND FURTHERANCE OF THE PURPOSE SET FORTH IN
ARTICLE SECOND HEREOF.
C. NO SUBSTANTIAL PART OF THE ACTIVITIES OF THE CORPORATION SHALL BE THE
CARRYING ON OF PROPAGANDA OR OTHERWISE ATTEMPTING TO INFLUENCE LEGISLATION,
AND THE CORPORATION SHALL NOT PARTICIPATE IN, OR INTERVENE IN (INCLUDING
THE PUBLISHING OR DISTRIBUTION OF STATEMENTS) ANY POLITICAL CAMPAIGN ON
BEHALF OR IN OPPOSITION TO ANY CANDIDATE FOR PUBLIC OFFICE.

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.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

INCORPORATOR	CARLENE FONSECA	40 SCHOOL ST CENTRAL FALLS, RI 02863 USA
DIRECTOR	CARLENE FONSECA	40 SCHOOL ST CENTRAL FALLS, RI 02863 USA
DIRECTOR	ANGELICA RIVERA CORREA	24 HOMER ST PROVIDENCE, RI 02905 USA
DIRECTOR	CELISSA FONSECA	4002 SWEETWATER PKW ELLENWOOD, GA 30294 USA
DIRECTOR	ELIZABETH GOMES	44 NEVADA AVE RUMFORD, RI 02916 USA
DIRECTOR	PAULA ROSARIO	27450 RICHVIEW CT BONITA SPRINGS, FL 34135 USA
DIRECTOR	JAYDA VAZ BARROS	171 BRISTOL AVE PAWTUCKET, RI 02861 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

CARLENE FONSECA 40 SCHOOL ST CENTRAL FALLS , RI 02863

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

Signed this 28 Day of April, 2025 at 10:47:33 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 CARLENE FONSECA
Signature of Authorized Person

Form No. 631
Revised 09/07