



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

Fee: \$50.00

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

**Foreign Business Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 001678485

2. Name of Corporation Restorix Health, Inc.

3. Street Address Principal Business Office:

No. and Street: 3445 N CAUSEWAY BLVD, STE 600

City or Town: METAIRIE

State: LA Zip: 70002 Country: USA

4. Business Phone No.

5. State of Incorporation

State: NV

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621610

6. Brief Description of the Character of Business Conducted in Rhode Island

PROVIDE HEALTH CARE SERVICE - WOUND CARE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

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

| | | |
|-----------|---------------|---|
| PRESIDENT | BEN DUNFORD | 3445 N CAUSEWAY BLVD, STE 600 METAIRIE, LA 70002 USA |
| TREASURER | MELINDA ESTEP | 3445 N CAUSEWAY BLVD, STE 600 METAIRIE, LA 70002 USA |
| SECRETARY | KELLY SKEAT | 3445 N CAUSEWAY BLVD, STE 600 METAIRIE, LA 70002 USA |
| DIRECTOR | KELLY SKEAT | 3445 N CAUSEWAY BLVD, STE 600 METAIRIE, LA 70002 USA |
| DIRECTOR | MELINDA ESTEP | 3445 N CAUSEWAY BLVD, STE 600 METAIRIE, LA 70002 USA |
| DIRECTOR | BEN DUNFORD | 3445 N CAUSEWAY BLVD, STE 600 METAIRIE, LA 70002 USA |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares <i>Number of Shares</i> | Total Issued and Outstanding <i>Num of Shares</i> |
|----------------|-----------------|---------------------|--|--|
| CWP | | \$0.0100 | 10,000.00 | 10000 |

9. 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.

Signed this 30 Day of April, 2025 at 4:49:00 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KELLY LETTMANN

Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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