



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.

REC'D RIDOS BSD
25 APR 30 PM 12:00:01

1. Entity ID Number <u>001701570</u>		2. Exact name of the Corporation <u>Alternative Integrative Medicine Inc.</u>	
3. Principal Office Address <u>108 Spruce Street</u>		City <u>Providence</u>	State <u>RI</u>
		Zip <u>02903</u>	
4. NAICS Code <u>621498</u>		6. Brief description of the character of business conducted in Rhode Island <u>Former outpatient facility</u>	
5. State of Incorporation <u>Rhode Island</u>			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name <u>Brandon Phillip Novak</u>		Vice-President Name <u>Jason Irving Simmons</u>	
Street Address <u>108 Spruce Street</u>		Street Address <u>198 Plainfield Pike</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Foster</u>	State <u>RI</u>
Zip <u>02903</u>		Zip <u>02825</u>	
Secretary Name <u>Jason Irving Simmons</u>		Treasurer Name <u>Jason Irving Simmons</u>	
Street Address <u>198 Plainfield Pike</u>		Street Address <u>198 Plainfield Pike</u>	
City <u>Foster</u>	State <u>RI</u>	City <u>Foster</u>	State <u>RI</u>
Zip <u>02825</u>		Zip <u>02825</u>	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name <u>Brandon Phillip Novak</u>		Director Name <u>Jason Irving Simmons</u>	
Street Address <u>108 Spruce Street</u>		Street Address <u>198 Plainfield Pike</u>	
City <u>Providence</u>	State <u>RI</u>	City <u>Foster</u>	State <u>RI</u>
Zip <u>02903</u>		Zip <u>02825</u>	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		BAR VALUE	
		<u>6.01</u>	
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 <u>Jason Irving Simmons</u>		Date <u>04/30/2025</u>	
Signature of Authorized Representative <u>Jason Irving Simmons</u>		BY <u>Q0492</u>	