



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 RIDG5 BSD
25 APR 30 PM 12:00:01

1. Entity ID Number 001701570		2. Exact name of the Corporation Alternative Integrative Medicine Inc.			
3. Principal Office Address 108 Spruce Street		City Providence		State RI	Zip 02903
4. NAICS Code 621498		6. Brief description of the character of business conducted in Rhode Island Former outpatient facility			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Brandon Phillip Nowak			Vice-President Name Jason Irving Simmons		
Street Address 108 Spruce Street			Street Address 198 Plainfield Pike		
City Providence	State RI	Zip 02903	City Foster	State RI	Zip 02825
Secretary Name Jason Irving Simmons			Treasurer Name Jason Irving Simmons		
Street Address 198 Plainfield Pike			Street Address 198 Plainfield Pike		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Brandon Phillip Nowak			Director Name Jason Irving Simmons		
Street Address 108 Spruce Street			Street Address 198 Plainfield Pike		
City Providence	State RI	Zip 02903	City Foster	State RI	Zip 02825
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES CLASS/SERIES BAR VALUE		
			0 6.01		
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 Jason Irving Simmons				Date 04/30/2025	
Signature of Authorized Representative Jason Irving Simmons				BY Q0492 1201	