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State of Rhode Island  Department of State - Business Services Divis					270	
	ate - Busines	s Services D	ivision		20G5	
Annual Report for the year:  Corporation	<u> </u>	<u> </u>			in in	
→ Filing period: February 1 - May 1						
→ Filing Fee: \$50.00					:: ::	
→ Penalty: Additional \$25.00 fo					<u> </u>	<del></del>
1. Entity ID Number 2. Exact name of the Corporation COOI764060 Self-Care Institute IN.						
3. Principal Office Address 59 Fair field	Road		City	anston	State	02910
4. NAICS Code 6. Brief description of the character of business conducted in Rhode Island						
621399	_ Eduction of Self Care P				aces	
62/399 Eduction of Self Care Presences  State of Incorporation  Rhode Island THYSICAL MENTAL STUTUSE						
7. List ALL officers (names and add President Name	resses)	· ·	Vice-Presi	Ident Name	k to indicate	an attachment _3_
Durette Breen						
Street Address 59 Fair field Rood			Street Address			
City Can Stan	State	<sup>Zip</sup> 02910	City		State	Zip
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
8. List ALL directors (names and addresses)				Check the box	to indicate	an attachment
			Director Name			
Street Address			Street Address			
City	State	Zip	City		State	Zip
Director Name	<u></u>	1	Director Na	ame	1	
Street Address			Street Address			
		·			To: .	19:0
City	State	Zip	City		State	Zip
9. Shares Authorized		10. Shares Issued		Check the box	k to indicate	an attachment PAR VALUE
This Information is currently of record Department of State.	d in the	NUMBER OF SH	ARES	COASSISERIES		Tan Value
Changes require an additional filing.		100				{
<ol> <li>This report must be executed on ceiver or trustee, this report must be</li> </ol>	behalf of the corp	poration by an auth	norized rep	presentative. If the corpora	ition is in the	e hands of a re-
Under penalty of perjury, I declare	and affirm that	l have examined	this repor	t, including any accomp	anying sch	edules and
statements, and that all statements contained herein are true and correct.  Name of Authorized Representative  Date						
Derche Breen					5/2	21/25
Signature of Authorized Representative						
Deud Le Breeze						
MAIL TO: MAY 2   2025 0 705						
olivision of Business Services 48 W. River Street, Providence, Rhode Island 02904-2615						
Hone: (401) 222-3040  FORM 630- Revised: 12/2023						