



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Non-Profit Corporation

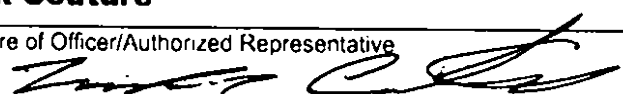
→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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R.I. DEPT. OF STATE
BUS SVCS DIV

2025 AUG -1 A H 26

1. Entity ID Number 000161918		2. Exact name of the Corporation Coastal Wellness Collective			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island Non-profit professional association for the purpose of professional networking and clinical support.			
4. NAICS Code 813920					
6. Principal Office Address 11 Wells Street, Unit 9		City Westerly		State RI	Zip 02891
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Mark Couture			Vice-President Name Jessica Wolke		
Street Address 48 Maxson Hill Rd			Street Address 21 Canal Street 2nd floor		
City Ashaway	State RI	Zip 02804	City Westerly	State RI	Zip 02891
Secretary Name Diane Reese			Treasurer Name Renee Lamontagne		
Street Address 199 Mautucket Road			Street Address 24 Salt Pond Road, Suite H1		
City South Kingstown	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Jessica Wolke			Director Name Renee Lamontagne		
Street Address 21 Canal Street 2nd floor			Street Address 24 Salt Pond Road, Suite H1		
City Westerly	State RI	Zip 02891	City Wakefield	State RI	Zip
Director Name Marian Faller			Director Name Mark Couture		
Street Address 10 HILLVIEW DR			Street Address 48 Maxson Hill		
City Westerly	State RI	Zip 02891	City Ashaway	State RI	Zip 02804
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
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.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee					
Name of Officer/Authorized Representative Mark Couture				Date 7/08/2025	
Signature of Officer/Authorized Representative 				FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.n.gov

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FORM 631- Revised 12/2019