State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
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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1. Entity ID Number	2. Exact name of the Corporation
000161918	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	City	State	Zip
10 HILLVIEW DR	Westerly	RI	02891

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Michael DeRosa			Vice-President Name: LAURA LEHRMAN-KELLY		
Street Address: 101 Airport Road			Street Address: 5 MECHANIC ST. SUITE1		
City: Westerly	State: RI	Zip: 02891	City: Hope Valley	State: RI	Zip: 02832
Secretary Name: Lauren Roth			Treasurer Name: Paul Sanders		
Street Address: 231 OLD TOWER HILL RD, #203			Street Address: 209 Rolling Hill Road		
City: Wakefield	State: RI	Zip: 02879	City: Portsmouth	State: RI	Zip: 02871

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	Date
Mark Couture	**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.ri.gov

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FORM 631 Revised 12/2023