



State of Rhode Island

Department of State - Business Services Division

FILED

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BY

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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.

1. Entity ID Number 000941923		2. Exact name of the Corporation New Life Agency, INC.			
3. Principal Office Address 25050 Ave Kearny suite 105			City Valencia	State CA	Zip 91355
4. NAICS Code 524210		6. Brief description of the character of business conducted in Rhode Island To be a Lloyds Cover holder providing insurance options for the assisted reproductive community.			
5. State of Incorporation California					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Virginia Sittel Hart			Vice-President Name		
Street Address 25050 Ave Kearny suite 105			Street Address		
City Valencia	State CA	Zip 91355	City	State	Zip
Secretary Name Sarah Paige			Treasurer Name		
Street Address 25050 Ave Kearny suite 105			Street Address		
City Valencia	State CA	Zip 91355	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Virginia Sittel Hart			Director Name		
Street Address 25050 Ave Kearny suite 105			Street Address		
City Valencia	State CA	Zip 91355	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	PAR VALUE		
		1,000,000	Common	zero	
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. <b>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.</b>					
Name of Authorized Representative Virginia Sittel Hart				Date 02/12/2025	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov