RI SOS Filing Number: 202577530890 Date: 8/8/2025 12:17:00 PM

State of Rhode Island
Department of State - Business Services Division

FILED
AUG 08 2025
BY BJQMJ

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Annual Report for the year: 2024
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	2. Exact name of the Corporation			
000941923	New Life Agency, INC.			
3. Principal Office Address		City	State	Zip
25050 Ave Kearny suite 105		Valencia	CA	91355
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
524210	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) — Check the box to indicate an attachment ☐

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) — Check the box to indicate an attachment ☐

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

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 ☐

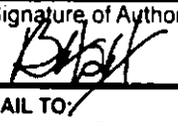
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1,000,000	Common	zero

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.

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	Date
Virginia Sittel Hart	03/07/2025

Signature of Authorized Representative



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

FORM 630- Revised 12/2023