



State of Rhode Island
Department of State - Business Services Division

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.

FILED

AUG 08 2025

BY 5JQMS

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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) 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 Check the box to indicate an attachment ☐					
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. 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 Virginia Sittel Hart				Date 03/07/2025	
Signature of Authorized Representative 					

MAIL TO:
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Website: www.sos.ri.gov