



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 567449		2. Exact name of the Corporation Healthy Benefits Supplemental, Inc.			
3. Principal office address 6 West Butterfly Way			City Lincoln	State RI	Zip 02865
4. Business Phone No. 401-257-4107		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To sell discounted health products and services, any ancillary purposes, and all other lawful purposes.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Edward M. Queenan			Vice-President Name		
Street Address 6 West Butterfly Way			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name Edward M. Queenan			Treasurer Name Edward M. Queenan		
Street Address 6 West Butterfly Way			Street Address 6 West Butterfly Way		
City Lincoln	State RI	Zip 02865	City Lincoln	State RI	Zip 02865
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100 shares	common stock	\$.01 par value

FILED

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.

File Date **FEB 29 2012**

Check No. **1025**

By: _____

FOR SECRETARY OF STATE USE ONLY

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.

Edward Queenan 2/27/12
 Signature of Authorized Representative Date

Edward M. Queenan, President

Print or Type Name of Authorized Representative