



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

STAMP
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 R.I. DEPT. OF STATE
 2023 MAY 31 A 10:48
 FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number 001748111		2. Exact name of the Corporation So Others May Heal, PC	
3. Principal Office Address 712 PUTNAM PIKE, UNIT 5		City CHEPACHET	State RI
		Zip 02814	
4. NAICS Code 621300	6. Brief description of the character of business conducted in Rhode Island INTEGRATED HEALTH SERVICES/PHYSICIAN'S ASSISTANT.		
5. State of Incorporation RHODE ISLAND			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name MICHAEL T. O'LEARY		Vice-President Name MICHAEL T. O'LEARY	
Street Address 136 MILLER AVENUE		Street Address 136 MILLER AVENUE	
City RUMFORD	State RI	Zip 02916	City RUMFORD
			State RI
			Zip 02916
Secretary Name MICHAEL T. O'LEARY		Treasurer Name MICHAEL T. O'LEARY	
Street Address 136 MILLER AVENUE		Street Address 136 MILLER AVENUE	
City RUMFORD	State RI	Zip 02916	City RUMFORD
			State RI
			Zip 02916
8. List ALL directors (names and addresses) Check the box to indicate an 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 Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	CLASS/SERIES
		100	COMMON
		PAR VALUE	NO PAR VALUE
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. <i>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.</i>			
Name of Authorized Representative MICHAEL T. O'LEARY		Date 5/25/2023	
Signature of Authorized Representative <i>[Handwritten Signature]</i>		FILED MAY 31 2023 BY ML 1006	