



State of Rhode Island
Department of State - Business Services Division

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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 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 | PAR VALUE |
| | | | 100 | COMMON | 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. 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 MICHAEL T. O'LEARY | | | | Date February 28, 2024 | |
| Signature of Authorized Representative <i>Michael T. O'Leary</i> | | | | FILED | |

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

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