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| SCC eFile | 2016 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION | 216506454 | | | | |
| 1.) CORPORATION NAME: Wellness Solutions, Inc. | | DUE DATE: 1/31/2016 | | | | |
| 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: TIMOTHY L HIPPI JR 5150 SHADY OAK LN WARRENTON, VA | | SCC ID NO: 05708573 | | | | |
| 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAUQUIER COUNTY | | 5.) STOCK INFORMATION <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>25,000</td> </tr> </table> | CLASS | AUTHORIZED | COMMON | 25,000 |
| CLASS | AUTHORIZED | | | | | |
| COMMON | 25,000 | | | | | |
| 4.) STATE OR COUNTRY OF INCORPORATION: VA | | | | | | |
| 6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: PO BOX 349 CITY/ST/ZIP: THE PLAINS, VA 20198 | | | | | | |
| 7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer. | | | | | | |
| NAME: TIMOTHY L HIPPI JR TITLE: PRESIDENT ADDRESS: 5150 SHADY OAK LANE CITY/ST/ZIP/CO: WARRENTON, VA 20187 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR | | | | |
| NAME: SHARON L HIPPI TITLE: SECRETARY ADDRESS: 5150 SHADY OAK LANE CITY/ST/ZIP/CO: WARRENTON, VA 20187 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR | | | | |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT. | | | | | | |
| /s/ TIMOTHY L HIPPI JR | TIMOTHY L HIPPI JR, PRESIDENT | 2/22/2016 | | | | |
| SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | PRINTED NAME AND CORPORATE TITLE | DATE | | | | |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. | | | | | | |