



Colorado Secretary of State  
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### Annual Report

filed pursuant to [§7-90-301](#), et seq. and [§7-90-501](#) of the Colorado Revised Statutes (C.R.S)

ID number: 20071345765

Entity name: Healing Traditions Oriental Medicine, LLC

Jurisdiction under the law of which the  
entity was formed or registered: Colorado

1. Principal office street address: 7114 W. Jefferson Ave.  
(Street name and number)  
Suite 208  
Lakewood CO 80235  
(City) (State) (Postal/Zip Code)  
United States  
(Province – if applicable) (Country – if not US)

2. Principal office mailing address: 2605 S. Kipling CT.  
(if different from above) (Street name and number or Post Office Box information)  
Lakewood CO 80227  
(City) (State) (Postal/Zip Code)  
United States  
(Province – if applicable) (Country – if not US)

3. Registered agent name: (if an individual) Mortellaro Gina Marie  
(Last) (First) (Middle) (Suffix)  
**OR** (if a business organization) \_\_\_\_\_

4. The person identified above as registered agent has consented to being so appointed.

5. Registered agent street address: 2605 S. Kipling Ct.  
*(Street name and number)*

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Lakewood CO 80227  
*(City) (State) (Postal/Zip Code)*

6. Registered agent mailing address:  
(if different from above)

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*(Street name and number or Post Office Box information)*

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*(City) (State) (Postal/Zip Code)*

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*(Province – if applicable) (Country – if not US)*

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Mortellaro Gina Marie  
*(Last) (First) (Middle) (Suffix)*

2605 S. Kipling CT.  
*(Street name and number or Post Office Box information)*

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Lakewood CO 80227  
*(City) (State) (Postal/Zip Code)*

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*(Province – if applicable) United States (Country – if not US)*

*(The document need not state the true name and address of more than one individual. However, if you wish to state the name and address of any additional individuals causing the document to be delivered for filing, mark this box ☐ and include an attachment stating the name and address of such individuals.)*

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