



# Annual Report for Filing Year 2026

 Document Type	Annual Report
 Status	Draft

**Due Date: July 31, 2026**

**UBI Number: [To be assigned upon formation]**

## 1. ENTITY INFORMATION

Entity Name	Healing Roots Outreach SPV LLC
UBI Number	[To be assigned]
Formation Date	August 15, 2025
Entity Type	Limited Liability Company
Principal Office	2122 S 272ND ST APT B111, Kent, WA 98032
Mailing Address	2122 S 272ND ST APT B111, Kent, WA 98032
Email Address	[Your email]
Phone Number	[Your phone]

## 2. REGISTERED AGENT INFORMATION

Registered Agent Name	Jonathan Mallinger
Physical Address	2122 S 272ND ST APT B111, Kent, WA 98032
Mailing Address	2122 S 272ND ST APT B111, Kent, WA 98032

## 3. GOVERNORS (MANAGERS/MEMBERS)

Name	Title	Address
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Jonathan Mallinger	Manager	2122 S 272ND ST APT B111, Kent, WA 98032
Healing Roots Outreach Collective	Sole Member	2122 S 272ND ST APT B111, Kent, WA 98032

## 4. NATURE OF BUSINESS

Healing Roots Outreach SPV LLC serves as a special purpose vehicle for Healing Roots Outreach Collective, a Washington nonprofit public benefit corporation. The SPV's primary activities include:

- Managing and operating mobile outreach vehicles
- Providing administrative support services for harm reduction programs
- Facilitating peer-led, Indigenous-informed health services
- Managing assets and leases for the parent organization

## 5. SIGNATURE

I, Jonathan Mallinger, declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signature	Date	Location
_____	July 31, 2026	Kent, Washington