

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

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
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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
