



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

A. Ralph Molits, Secretary of State

Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
\* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

Form with sections 1-9 containing corporate information: 1. Corporate ID No. 26998; 2. Name of Corporation Expressive Therapies Center, Inc.; 3. State of Incorporation RHODE ISLAND; 4. Corporate address in Rhode Island - Street Address 852 Hope St. Providence R.I. 02904; City PROVIDENCE; Zip 02906; 7. NAMES AND ADDRESSES OF THE OFFICERS: President Name John Biatore, Jr.; Vice President Name Beverly Scrobian; Secretary Name Jonathan Lentz; Treasurer Name Jonathan Lentz; 8. NAMES AND ADDRESSES OF THE DIRECTORS: Director Name Jennifer Chapin; Director Name Amy Joseph; Director Name Sucrita Goldstein.

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



26998

FILED stamp with File Date DEC 21 2007, Check No., By: [Signature], FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature] Date 11/28/07

Print or Type Name of Officer Jonathan A. Lentz

Title of Officer Treasurer