State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation			
149356	Neuropsychology Partners, Inc			
3. Street Address Principal Business Office		City	State	Zip
50 Maude Street, 5th floor		Providence	RI	02908
4. Business Phone No.	5. State of Incorporation			
401-456-2479	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Clinical Neuropsychology - Outpatient Healthcare Providers, Non-Physicians

7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name	Street Address	City	State	Zip
William Whelihan	50 Maude Street, 5th floor	Providence	RI	02908

Vice President Name	Street Address	City	State	Zip
Margaret DiCarlo	50 Maude Street, 5th floor	Providence	RI	02908

Secretary Name	Street Address	City	State	Zip
William Whelihan	50 Maude Street, 5th floor	Providence	RI	02908

Treasurer Name	Street Address	City	State	Zip
Margaret DiCarlo	50 Maude Street, 5th floor	Providence	RI	02908

8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Street Address	City	State	Zip
William Whelihan	50 Maude Street, 5th floor	Providence	RI	02908

Director Name	Street Address	City	State	Zip
Margaret DiCarlo	50 Maude Street, 5th floor	Providence	RI	02908

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100		$0.01 par value

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
2		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

[redacted]

[redacted]

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 *Date* 1/28/08

Margaret DiCarlo
Print or Type Name

[redacted] Vice President
Title

FILED
File Date MAR 14 2008
Check No.
By: By
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/06