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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			
125305	Lincoln Psychiatric Services, Inc.			
3. Street Address Principal Business Office		City	State	Zip
8 Blackstone Valley Place		Lincoln	RI	02865
4. Business Phone No.	5. State of Incorporation			
	Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island				
Psychiatric Services				

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

President Name	Vice President Name
Walter D. Fitzhugh, III	
Street Address	Street Address
8 Blackstone Valley Place	
City / State / Zip	City / State / Zip
Lincoln / RI / 02865	
Secretary Name	Treasurer Name
Walter D. Fitzhugh III	
Street Address	Street Address
8 Blackstone Valley Place	
City / State / Zip	City / State / Zip
Lincoln / RI / 02865	

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

Director Name	Director Name
Walter D. Fitzhugh, III	
Street Address	Street Address
8 Blackstone Valley Place	
City / State / Zip	City / State / Zip
Lincoln / RI / 02865	
Director Name	Director Name
Street Address	Street Address
City / State / Zip	City / State / Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	$1.00	Par Value

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1000	common	1.00

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* 3/21/08

Walter D. Fitzhugh III
Print or Type Name

President
Title

[redacted]

File Date FILED

Check No. MAR 24 2008

By: By DS 2410

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21549-77-247962

Form 630 Rev. 12/06