



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
148 W. River St.
Providence, RI 02904-2615
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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. 125220		2. Name of Corporation MONA R. BARBERA, Ph.D., INC.			
3. Street Address Principal Business Office 341 Broadway		City Providence	State RI	Zip 02909	
4. Business Phone No. 401-272-2029		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island PSYCHOLOGY PRACTICE					
7. NAMES AND ADDRESSES OF THE OFFICERS (☒ "X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Mona R. Barbera		Vice President Name Mona R. Barbera			
Street Address 341 Broadway		Street Address 341 Broadway			
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Mona R. Barbera		Treasurer Name Mona R. Barbera			
Street Address 341 Broadway		Street Address 341 Broadway			
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02909
8. NAMES AND ADDRESSES OF THE DIRECTORS (☒ "X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED (☒ "X" BOX FOR ATTACHMENT) ☐					10. SHARES ISSUED (☒ "X" BOX FOR ATTACHMENT) ☐
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE	common	no par value	-100-	common	no par value
			THIS SECTION MUST BE COMPLETED		

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.



125220

File Date: **1-13-09**
Check No.: **17924**
By: **Mona R. Barbera**
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: **Mona R. Barbera** Date: **1/13/09**
Print or Type Name: **President**
Title: