

	State of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50.00
	Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615 Telephone: (401) 222-3040	LOGOUT
Business Corporation Annual Report Filing Period: January 1 - March 1		
<i>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.</i>		
? Help with this form		
ANNUAL REPORT YEAR: 2009		
1. Corporate ID No. <u>000125219</u>		
2. Name of Corporation <u>Linda H. Bradley Mental Health Practitioner, Inc.</u>		
3. Street Address Principal Business Office:		
No. and Street: <u>11 EGRET LANE</u>		
City or Town: <u>WESTERLY</u> State: <u>RI</u> Zip: <u>02891</u> Country: <u>USA</u>		
4. Business Phone No.		
<u>401-596-6336</u>		
5. State of Incorporation		
State: <u>RI</u>		
6. Brief Description of the Character of Business Conducted in Rhode Island		
<u>TO PRACTICE MENTAL HEALTH COUNSELING</u>		
7. Names and Addresses of the Officers and Directors:		
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.		
Delete	FILED FEB 10 2009	Individual Name First, Middle, Last, Suffix
		Address Address, City or Town, State, Zip Code, Country

☐	PRESIDENT	LINDA H BRADLEY	11 EGRET LANE WESTERLY, RI 02891- USA
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Select From Below Title: _____

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

Address: _____ City: _____ State: _____ Zip: _____ Country: _____

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$0.00	1,000.00	1,000.00

9. 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.

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: Linda H. Bradley

Business Name: Linda H. Bradley Mental Health

No. and Street: 11 Egret Lane - Same Address as -

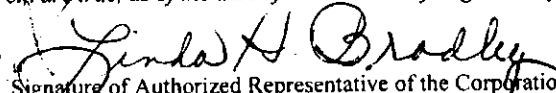
City or Town: Westerly State: RI Zip: 02891 Country: US

Contact Phone: 401-596-6336 ext: _____

Contact Email: _____

Please provide an email address to receive an expedited response from the Corporations Division if the filing is rejected for any reason. If no email address is provided, correspondence from the Division will be sent by mail.

Signed this 4 Day of February, 2009 at 10:11:37 AM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By  Signature of Authorized Representative of the Corporation

President

Title

FILED
FEB 10 2009
By 125219