**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*

Help with this form

*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.*

**ANNUAL REPORT YEAR:** 2009

**1. Corporate ID No.** 000125219

**2. Name of Corporation** Linda H. Bradley Mental Health Practitioner, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 11 EGRET LANE

City or Town: WESTERLY State: RI Zip: 02891 Country: USA

**4. Business Phone No.**

401-596-6336

**5. State of Incorporation**

State: RI

**6. Brief Description of the Character of Business Conducted in Rhode Island**

TO PRACTICE MENTAL HEALTH COUNSELING

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.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 | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|---|---|---|---|
| | FEB 10 2009 | | |

31174-40-345167 By 1030

| | | | |
|---|---|---|---|
| ☐ | PRESIDENT | LINDA H BRADLEY | 11 EGRET LANE<br>WESTERLY, RI 02891- USA |

Select From Below Title:

First Name: Middle Name: Last Name: Suffix:

Address City: State: Zip: Country:

Clear Add

**8. Shares Authorized and Issued**

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares *Number of Shares* | Total Issued and Outstanding *Num of Shares* |
|---|---|---|---|---|
| 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 Healtl

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:

Clear

**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 Linda H. Bradley
Signature of Authorized Representative of the Corporation

President
Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

FILED
FEB 10 2009
By 25219