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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 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.	2. Name of Corporation			
159067	MedOp Behavioral Health Associates o Rhode Island PC			
3. Street Address Principal Business Office		City	State	Zip
20 Research Parkway		Old Saybrook	CT	06475
4. Business Phone No.	5. State of Incorporation			
860-510-0888	Delaware			

6. Brief Description of the Character of Business Conducted in Rhode Island
Provide behavioral health service to long term care facilities

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

President Name			Vice President Name		
Andrew Rosenzweig					
Street Address			Street Address		
345 Blakstone Blvd Weld Building					
City	State	Zip	City	State	Zip
Providence	RI	2906			
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
Jennifer Gallagher					
Street Address			Street Address		
20 Research Parkway					
City	State	Zip	City	State	Zip
Old Saybrook	CT	06475			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	COM	.01

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]

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* 2/16/09

Jennifer Gallagher
Print or Type Name

[redacted] CEO
Title

FILED
File Date FEB 17 2009
Check No. By 2886
By:
FOR SECRETARY OF STATE USE ONLY
31250-28-348393

Form 630 Rev. 08/08