



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)(4)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 119013		2. Name of Corporation HEALING CHOICES, PROFESSIONAL CORPORATION			
3. Street Address Principal Business Office 326 UNION STREET, SUITE 2			City FRANKLIN	State MA	Zip 02038
4. Business Phone No. 508-633-6285		5. State of Incorporation MASSACHUSETTS			
6. Brief Description of the Character of Business Conducted in Rhode Island					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name KEITH W.L. RAFAL, MD			Vice President Name NONE		
Street Address 124 FISHER STREET			Street Address		
City MEDWAY	State MA	Zip 02053	City	State	Zip
Secretary Name KEITH W.L. RAFAL, MD			Treasurer Name KEITH W.L. RAFAL, MD		
Street Address 124 FISHER STREET			Street Address 124 FISHER STREET		
City MEDWAY	State MA	Zip 02053	City MEDWAY	State MA	Zip 02053
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name KEITH W.L. RAFAL, MD			Director Name		
Street Address 124 FISHER STREET			Street Address		
City MEDWAY	State MA	Zip 02053	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED 1,500 COMM \$0.01 PAR VALUE			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 1000	Class/Series COMMON	Par Value 10

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.

FILED

File Date MAR 02 2009

Check No. By 2/99

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 Date 2/28/09

KEITH W.L. RAFAL, MD

Print or Type Name

PRESIDENT

Title