

A. Ralph Mollis, Secretary of State Corporations Luvision 148 W. River Street Providence, RI 0290 i-2615 401/222,3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PI 2009

Corporate ID No. 66082	MARK L.	2. Name of Corporation MARK L. TAVITIAN, Ph.D., LTD.				
5. Street Address Principal Business Office 2730 SOUTH COUNTY TRAIL			EAST GREENWICH	State RI	<sup>Ζφ</sup> 02818	
Business Phone No. 5. State of Incorporation RHODE ISLAND		***************************************	• • • • • • • • • • • • • • • • • • • •			
Brief Description of the Ch TO ENGAGE IN THE	PRACTICE OF PS	SYCHOTHERAPY AND OTHE	R RELATED MATTERS INC			
. NAMES AND ADDR resident Name	ESSES OF THE OFI	FICERS: ("X" BOX FOR ATTA	CHMENT) TILL IN SPACE	CES BEFORE USING	ATTACHMENTS	
Mark L. Tavitian			Vice President Name Sandra K. Tavitian			
reet Address			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
23 Fox Run			Street Address 23 Fox Run			
ity	State	Zip	City	State	Zip	
cranston	RI	02921	Cranston	Ri	<sup>2/p</sup> 02921	
<sup>Secretary Name</sup> Barbara A. Vargas			Treasurer Name Mark L. Tavitian			
trect Address 17 William Street			Street Address 23 Fox Run			
ity Coventry	State RI	<i>ир</i> <b>02</b> 916	City Cranston	State RI	<sup>Zip</sup> 02921	
irector Name Mark L. Tavitian rect Address	ESSES OF THE DIR	ECTORS: ("X" BOX FOR ATT	Director Name	ACES BEFORE USIN	IG ATTACHMENTS	
3 Fox Run			Street Address			
up	State	Zip	: City	State	Zip	
ranston	RI	02921		SAIN	2.47	
irector Name			Director Name			
Street Address			Street Address		3	
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SHARES AUTHORIZ	ZED		10. SHARES ISSUED ("X ISSUED SHARES — THIS SECTION		HMENT) ☐	
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.			Namoer of Sourcs	Crass/Series	Par Vante	
			200	Common	Ng Par <	
his report must be exc	ecuted on behalf of t	he corporation by an authorize	d representative. If the corne	ration is in the band	s of a receiver or trust	
		ne corporation by the receiver of	a representative. If the corpo	radon is in the hand	is of a receiver or truste	

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. File Date Signature Check No. Mark L. Tavitian Print or Type Name President FOR SECRETARY OF STATE USE ONLY Title Form 630 Rev. 08/08