

A. Ralph Mollis, Secretary of State Corporations Division

148 W. River Street Providence, RI 02904-2615

401.222.3040

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2007. 401.2 Filing Period: June 1 - June 30 • Filing Fee: \$20.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a

penalty fee of \$25.00.	o y 1, caen corporation		annual report with the said		O-517 is subject to it
1. Corporate ID No. 1 0 4 9 7 5	2. Name of Corporation	Patients a	of Wester	-14	
3. State of incorporation	i. Corporate address in	Rhode Island - Street Address Rhody Dr		Westerly	07891
5. Foreign corporation. Enter pri			Сну	State	Zip
6. Brief Description of the character Providing fi	r of the affairs which are at	Clually conducted in Rhyde Isl	"Alysis PA	atients in SW	RhodeIsland
7. NAMES AND ADDRESSE			MENT) [] FILL IN SPAC	CES BEFORE USING ATTACK	
Mary Richardson			Michele Culpeper		
Street Address Moriah Dr			ONE Rhody br		
Westerly	State I	24 91	westerly	State R. Z	2ip 0289
Secretary Name MABEL W	relch		MABEL U		
Street Address Rogers HIII RJ			Street Address. Rogers Hill Rd		
Waterford	State UT	06385	WAterford	State —	06385
8. NAMES AND ADDRESSE THE NUMBER OF DIRECT	S OF THE DIRECTO ORS OF A DOMEST	RS: ("X" BOX FOR ATTA: IC (RHODE ISLAND) (chment)	CES BEFORE USING ATTAC NOT BE LESS THAN THREE	HMENTS <u>E</u> (3). R.I.G.L. 7-6-23
Tracey Files			TATHU GUNTER		
Street Address 7 Hewi	++ st		Street Address 10 High	Street	
Mystic	State Ct	06355	WARCHEL	Stage I	Zip 02879
Director frame AVOI SMITH			Director Name		
street Address 15 Circle Drive			Street Address		
Stonington	State	2406378	City	State	Zip
Fidney	PATIENT		estenly e. Changes require filing o	of Form 641 - R.I.G.L. 7-6-13/7	7-6-78
This report mus	st be signed by either	the President, Vice Pres	sident, Secretary, Assistan	nt Secretary, Treasurer, Recei	ver or Trustee

File Date	FILED
Check No.	'JUN 2 4 2009
Ву:	By 148
1	FOR SECRETARY OF STATE USE ONLY

Order penalty of perjury, a decide and arring	
report, including any accompanying schedules a	and statements, and that all
statements contained herein are true and correct	
maker Welch	6/19/09
Signature of Officer	Date
MALEI Welch	
Print or Type Name of Officer	
Secretary /Treasu	irer
Title of Officer	
	Form 631 Rev. 09/17