



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 2010

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. 507456		2. Name of Corporation Child and Family Psychiatry Inc.		
3. Street Address Principal Business Office 95 Sockanosset Cross Road, Unit 307				City Cranston
4. Business Phone No. (401) 572-3313		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island Psychiatric Services				
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Dr. James Andriotis		Vice President Name Dr. James Andriotis		
Street Address 141 Dellwood Road		Street Address 141 Dellwood Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI
Secretary Name Dr. James Andriotis		Treasurer Name Dr. David L. Renaud		
Street Address 141 Dellwood Road		Street Address 141 Dellwood Road		
City Cranston	State RI	Zip 02920	City Cranston	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Dr. James Andriotis		Director Name		
Street Address 141 Dellwood Road		Street Address		
City Cranston	State RI	Zip 02920	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		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 100	Class/Series COMMON	Par Value None

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.

File Date 2-11-2010
Check No. 4013
By: KM
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 [Signature] Date 1/14/10
Dr. James Andriotis
Print or Type Name
President
Title