



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. 146626		2. Name of Corporation Lowe Psychological Associates, Inc.	
3. Street Address Principal Business Office 615 JEFFERSON BOULEVARD, SUITE B105		City WARWICK	State RI
		Zip 02886	
4. Business Phone No. 401-738-6865		5. State of Incorporation RHODE ISLAND	
6. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE PSYCHOLOGICAL TESTING AND RELATED SERVICES			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name ROSANNE M. LOWE, PH.D.		Vice President Name ROSANNE M. LOWE, PH.D.	
Street Address 615 JEFFERSON BOULEVARD		Street Address 615 JEFFERSON BOULEVARD	
City WARWICK	State RI	City WARWICK	State RI
		Zip 02886	
Secretary Name DARREN M. LOWE		Treasurer Name DARREN M. LOWE	
Street Address 50 HERBERT STREET		Street Address 50 HERBERT STREET	
City EAST GREENWICH	State RI	City EAST GREENWICH	State RI
		Zip 02818	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name ROSANNE M. LOWE, PH.D.		Director Name NONE	
Street Address 615 JEFFERSON BOULEVARD		Street Address	
City WARWICK	State RI	City	State
		Zip	
Director Name NONE		Director Name NONE	
Street Address		Street Address	
City	State	City	State
		Zip	
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 1,000.00	Class/Series CNP
		Par Value \$0.0000	

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 2-18-2010
Check No. 7276
By: MML
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.

Rosanne M. Lowe 1/7/10
Signature Date
ROSANNE M. LOWE, PH.D.
Print or Type Name
PRESIDENT
Title