



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Business Corporation
Annual Report**

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2010

1. Corporate ID No. 000507953

2. Name of Corporation Marriage and Family Counseling Corporation

3. Street Address Principal Business Office:

No. and Street: #130 TOWER HILL ROAD

City or Town: #NORTH KINGSTOWN

State: RI

Zip: 02852

Country: W

4. Business Phone No.

294 3780

5. State of Incorporation

State: RI

6. Brief Description of the Character of Business Conducted in Rhode Island

Research supports the efficacy of Marriage and Family therapy for a variety of familial issues ranging from child/parent conflict, managing mental illness and discord in couple relationships. MFC provides therapeutic services for children and their parents when coping with mental illness, pre or post divorce, or parental child conflict. Families can be seen individually or together to strengthen the functioning during periods of stress. MFC may be helpful in increasing children's success in schools and compliance at home. The number of treatment sessions and goals for treatment will be set according to unique family situations.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
INCORPORATOR	JODY ANN EYRE	100 BOSTON NECK ROAD NORTH KINGSTOWN, RI 02852 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.00	1.00	0

9. 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.

Signed this 25 Day of February, 2010 at 3:16:05 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JODY EYRE

Signature of Authorized Representative of the Corporation

MANAGING PARTNER

Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630
Revised 09/07

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