RI SOS Filing Number: 201060059100 Date: 03/09/2010 4:00 PM

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. | 2. Name of Corporation | | | |
|---|---|---|---|---|
| 160434 | Peaceful Mind, Inc. | | | |
| 3. Street Address Principal Business Office | | City | State | Zip |
| 120 Wayland Avenue Suite 4B | | Providence | RI | 02906 |
| 4. Business Phone No. | 5. State of Incorporation | | | |
| 401.273.2858 | Rhode Island | | | |

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

**7. NAMES AND ADDRESSES OF THE OFFICERS:** ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| President Name | | | Vice President Name | | |
|---|---|---|---|---|---|
| Cecilia Dietzler | | | | | |
| Street Address | | | Street Address | | |
| 49 Taylor St. | | | | | |
| City | State | Zip | City | State | Zip |
| Cranston | RI | 02920 | | | |
| Secretary Name | | | Treasurer Name | | |
| Same as above | | | Same as above | | |
| Street Address | | | Street Address | | |
| | | | | | |
| City | State | Zip | City | State | Zip |
| | | | | | |

**8. NAMES AND ADDRESSES OF THE DIRECTORS:** ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

| Director Name | | | Director Name | | |
|---|---|---|---|---|---|
| Same as 7 | | | | | |
| Street Address | | | Street Address | | |
| | | | | | |
| City | State | Zip | City | State | Zip |
| | | | | | |
| Director Name | | | Director Name | | |
| | | | | | |
| Street Address | | | Street Address | | |
| | | | | | |
| City | State | Zip | City | State | Zip |
| | | | | | |

**9. SHARES AUTHORIZED**

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.

**10. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

| Number of Shares | Class/Series | Par Value |
|---|---|---|
| 100 | Common | NPV |
| | | |

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.

FILED

*File Date* MAR 09 2010

*Check No.*

*By:* BY 3\3

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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.

Cecilia Dietzler 3/8/10

*Signature* *Date*

Cecilia Dietzler
*Print or Type Name*

President
*Title*

Form 630 Rev. 08/08