



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

AMENDED

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. 158560		2. Name of Corporation Northeast Behavioral Associates of Rhode Island, Inc.			
3. Street Address Principal Business Office 2348 Post Road, Ste. 107			City Warwick	State RI	Zip 02886
4. Business Phone No. 401-527-2277		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Psychological assessment and evaluation.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Peter C. Patch, Psy. D.			Vice President Name		
Street Address 2348 Post Road, Ste. 107			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Peter C. Patch, Psy. D.			Treasurer Name Peter C. Patch, Psy. D.		
Street Address 2348 Post Road, Ste. 107			Street Address 2348 Post Road, Ste. 107		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Peter C. Patch, Psy. D.			Director Name		
Street Address 2348 Post Road, Ste. 107			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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	Class Series	Par Value
			100	Common	No Par Value

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 **AUG 24 2010**
Check No. _____
By **DB9:58**
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 **P. Patch** Date **8-19-2010**
Print or Type Name
Peter C. Patch, Psy. D.
President
Title



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

Secretary of State

