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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 2011

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			
31761	PROCHASKA PSYCHOTHERAPISTS, INC.			
3. Street Address Principal Business Office		City	State	Zip
1509 Commodore Perry Hgwy, P. O. Box 2024		Wakefield	RI	02789
4. Business Phone No.	5. State of Incorporation			
401-874-2830	Rhode Island			

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

To provide human services of psycho-therapeutic nature

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

President Name	Street Address	City	State	Zip
James O. Prochaska	RD-1, Box 204	Wakefield	RI	02879

Vice President Name	Street Address	City	State	Zip
Janice M. Prochaska	RD-1, Box 204	Wakefield	RI	02879

Secretary Name	Street Address	City	State	Zip
James O. Prochaska	RD-1, Box 204	Wakefield	RI	02879

Treasurer Name	Street Address	City	State	Zip
Janice M. Prochaska	RD-1, Box 204	Wakefield	RI	02879

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

Director Name	Street Address	City	State	Zip
James O. Prochaska	RD-1, Box 204	Wakefield	RI	02879

Director Name	Street Address	City	State	Zip
Janice M. Prochaska	RD-1, Box 204	Wakefield	RI	02879

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
100	Common	No Par

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
10	Common	No Par

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.

[redacted]

FILED

File Date JAN 11 2011

Check No. 47597 *By* mnc

By:

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57041-32-545456

[redacted]

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 *Date* 1/7/11

James O. Prochaska

Print or Type Name

[redacted] President

Title

Form 630 Rev. 12/06