



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. 138097 | | 2. Name of Corporation Blackstone Valley Family Therapy, Ltd. | | | |
| 3. Street Address Principal Business Office 2190 Mendon Road, Suite 3 | | | City Cumberland | State RI | Zip -2864 |
| 4. Business Phone No. (401) 475-5500 | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island THE PSYCHOLOGICAL ASSESSMENT AND ALL THERAPEUTIC SERVICES ASSOCIATED THEREWITH | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name David W. Ingle | | | Vice President Name None | | |
| Street Address 2190 Mendon Road, Suite 3 | | | Street Address | | |
| City Cumberland | State RI | Zip 02864 | City | State | Zip |
| Secretary Name David W. Ingle | | | Treasurer Name David W. Ingle | | |
| Street Address 2190 Mendon Road, Suite 3 | | | Street Address 2190 Mendon Road, Suite 3 | | |
| City Cumberland | State RI | Zip 02864 | City Cumberland | State RI | Zip 02864 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name None | | | Director Name None | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name None | | | Director Name None | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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 100 SHS. | Class Series COMMON | Par Value 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.

| | |
|---------------------------------|-------------|
| FILED | |
| File Date | |
| Check No. | FEB 07 2011 |
| By: | 1339 |
| 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
David W. Ingle

Print or Type Name

President

Title

Date
2/2/11