



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

A. Ralph Mollis, Secretary of State
Corporate Affairs Division
115 W. Water Street
Providence, RI 02904-2613
601.222.3000

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. § 12-1501(c), each corporation filing an electronic filing or returning with file its annual report within 30 days after the time provided by law, R.I.G.L. § 12-1501, shall be subject to a penalty fee of \$25.00.

1. Corporation ID No. 312381		2. Name of Corporation CHILD NEUROPSYCHOLOGY & LEARNING ASSESSMENT, INC.		
3. Street Address (Principal Business Office) 285 Crestwood Road		City Warwick	State RI	Zip 20886
4. Business Phone No. (401) 398-7777		5. State of Incorporation RHODE ISLAND		
6. Brief Description of the Character of Business Conducted in Rhode Island CHILD NEUROPSYCHOLOGY AND LEARNING ASSESSMENT.				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name CAROL S. EMERSON		Vice President Name CAROL S. EMERSON		
Street Address 285 Crestwood Road		Street Address 285 Crestwood Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI
Secretary Name CAROL S. EMERSON		Treasurer Name CAROL S. EMERSON		
Street Address 285 Crestwood Road		Street Address 285 Crestwood Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI
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 		
Street Address 		Street Address 		
City 	State 	Zip 	City 	State
Director Name 		Director Name 		
Street Address 		Street Address 		
City 	State 	Zip 	City 	State
9. SHARES AUTHORIZED 600; Common; No Par Value		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	Class of Shares Common	Par Value 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

JUL 18 2011

Checked by **BY** 2356

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: [Signature] Date: 7/15/11
HENRY H. KATZ, ATTORNEY FOR CHILD
NEUROPSYCHOLOGY AND LEARNING ASSESSMENT, INC.
Print or Type Name

Title