



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. 000525183		2. Name of Corporation MULLerry Psychotherapy Inc.	
3. Street Address Principal Business Office 390 Tillingate rd		City war.	State RI
4. Business Phone No. 401-739-4969		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island Psychotherapy / social work			
7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name G. Miles Mullerry		Vice President Name Amy C. Mullerry	
Street Address 29 Martin Ave		Street Address 29 Martin Ave.	
City Barr.	State RI	City Barr.	State RI
Zip 02806		Zip 02806	
Secretary Name none		Treasurer Name none	
Street Address none		Street Address none	
City none	State none	City none	State none
Zip none		Zip none	
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 none		Street Address none	
City none	State none	City none	State none
Zip none		Zip none	
Director Name none		Director Name none	
Street Address none		Street Address none	
City none	State none	City none	State none
Zip none		Zip none	
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 0	Class/Series Par Value
		THIS SECTION MUST BE COMPLETED	

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: SEP 29 2011

Check No. 8904

By: [Signature]

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: [Signature]
Print or Type Name: G. Miles Mullerry
Title: President