



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 2012

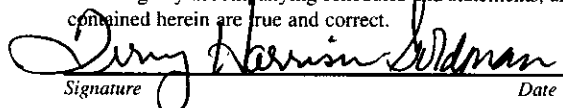
Filing Period: January 1 - March 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* 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. 141910		2. Name of Corporation Neuropsychological & Educational Services, Inc.			
3. Street Address Principal Business Office 295 Angell Street			City Providence	State RI	Zip 02906
4. Business Phone No. (401) 521-0034		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island Clinical neuropsychological and educational services and center					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Terry Harrison-Goldman			Vice President Name Terry Harrison-Goldman		
Street Address 295 Angell Street			Street Address 295 Angell Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Terry Harrison-Goldman			Treasurer Name Terry Harrison-Goldman		
Street Address 295 Angell Street			Street Address 295 Angell Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Terry Harrison-Goldman			Director Name		
Street Address 295 Angell Street			Street Address		
City Providence	State RI	Zip 02906	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 8,000	Class/Series 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.

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 12/30/11
Terry Harrison-Goldman
Print or Type Name
President
Title

FILED	
File Date	JAN 03 2012
Check No.	1853
By:	BY _____
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