



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2012

1. Corporate ID No. 000152662

2. Name of Corporation STONINGTON BEHAVIORAL HEALTH, INC.

3. Street Address Principal Business Office:

No. and Street: 367 SOUTH GULPH ROAD

City or Town: KING OF PRUSSIA

State: PA

Zip: 19406

Country: USA

4. Business Phone No.

610-768-3300

5. State of Incorporation

State: DE

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

TO OWN AND OPERATE A BEHAVIORAL HEALTH FACILITY.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DEBRA K. OSTEEN	367 S. GULPH ROAD KING OF PRUSSIA, PA 19406 USA
TREASURER	CHERYL K RAMAGANO	367 S. GULPH ROAD KING OF PRUSSIA, PA 19405 USA
SECRETARY	GEORGE H BRUNNER JR	367 S. GULPH ROAD KING OF PRUSSIA, PA 19406 USA
VICE PRESIDENT	LAURENCE HARROD	367 S. GULPH ROAD KING OF PRUSSIA, PA 19406 USA
VICE PRESIDENT	STEVE FILTON	367 S. GULPH ROAD KING OF PRUSSIA, PA 19406 USA
DIRECTOR	STEVE FILTON	367 S. GULPH ROAD KING OF PRUSSIA, PA 19406 USA
DIRECTOR	DEBRA K OSTEEN	367 S. GULPH ROAD KING OF PRUSSIA, PA 19406 USA
DIRECTOR	LAURENCE HARROD	367 S. GULPH ROAD KING OF PRUSSIA, PA 19406 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.01	1,000.00	1000

9. 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.

Signed this 11 Day of January, 2012 at 9:39:04 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By GEORGE H. BRUNNER, JR.
Signature of Authorized Representative of the Corporation

SECRETARY
Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

