



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.
 Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 123816		2. Exact name of the Corporation Plaza Psychology and Psychiatry, Inc.			
3. Principal office address 68 Cumberland Street, Suite 201		City Woonsocket	State RI	Zip 02895	
4. Business Phone No. 401-356-1940		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island <i>See attached</i>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name James Curran		Vice-President Name None			
Street Address 8A Shadowbrook Lane		Street Address			
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name Kipp Lawrence		Treasurer Name Ryan Haggarty			
Street Address 47 Norfolk Street		Street Address 162 Lorimer Avenue			
City Cranston	State RI	Zip 02910	City Providence	State RI	Zip 02906
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name None		Director Name			
Street Address		Street Address			
City	State	Zip	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) <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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			900	common	\$1.00 par value

FILED

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.

File Date **FEB 27 2012**

Check No. **3198**
 By: _____

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.

James Curran 2/23/12
 Signature of Authorized Representative Date

James Curran
 Print or Type Name of Authorized Representative

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