



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. 114628		2. Name of Corporation South County Behavioral Medicine, Inc.		
3. Street Address Principal Business Office 24 Salt Pond Road, Unit D3			City Wakefield	State RI
4. Business Phone No. 401-789-2306		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island to provide psychological treatment and assessment				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Jon Kimpton			Vice President Name None	
Street Address 185 Kettle Pond Drive			Street Address	
City Wakefield	State RI	Zip 02879	City	State
Secretary Name Jon Kimpton			Treasurer Name Jon Kimpton	
Street Address 185 Kettle Pond Drive			Street Address 185 Kettle Pond Drive	
City Wakefield	State RI	Zip 02879	City Wakefield	State RI
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Jon Kimpton			Director Name	
Street Address 185 Kettle Pond Drive			Street Address	
City Wakefield	State RI	Zip 02879	City	State
Director Name			Director Name	
Street Address			Street Address	
City	State	Zip	City	State
9. SHARES AUTHORIZED 8,000, common			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/Series common		Par Value \$0.01

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: FEB 27 2012

Check No.:

By: 468

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: 2/20/12

Print or Type Name: Jon Kimpton

Title: President