



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. 74524 | | 2. Name of Corporation PORTSMOUTH COUNSELING CENTER, INC. | | | |
| 3. Street Address Principal Business Office 2444 EAST MAIN ROAD | | | City PORTSMOUTH | State RI | Zip 02871 |
| 4. Business Phone No. 401-683-7460 | | 5. State of Incorporation RHODE ISLAND | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE COUNSELING SERVICES IN THE PUBLIC AND PRIVATE SECTORS. | | | | | |
| 7. NAMES AND ADDRESSES OF THE OFFICERS: (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name DIANE RICHARSON LUCIER | | | Vice President Name DIANE RICHARDSON LUCIER | | |
| Street Address 103 RICHARD DRIVE | | | Street Address 103 RICHARD DRIVE | | |
| City PORTSMOUTH | State RI | Zip 02871 | City PORTSMOUTH | State RI | Zip 02871 |
| Secretary Name DIANE RICHARDSON LUCIER | | | Treasurer Name DIANE RICHARDSON LUCIER | | |
| Street Address 103 RICHARD DRIVE | | | Street Address 103 RICHARD DRIVE | | |
| City PORTSMOUTH | State RI | Zip 02871 | City PORTSMOUTH | State RI | Zip 02871 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name N/A | | | Director Name N/A | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Director Name N/A | | | Director Name N/A | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | | | |
| 10. SHARES ISSUED (X BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> | | | | | |
| ISSUED SHARES -- THIS SECTION MUST BE COMPLETED | | | | | |
| 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 100 | Class/Series COMMON | Par Value NO PAR |
| | | | 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: FEB 28 2012
Check No.:
By: 2528
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: Diane Richardson Lucier
Date: 2-26-12
DIANE RICHARDSON LUCIER
Print or Type Name
PRESIDENT
Title