



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 02904-2611
401.222.3044

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. 139304		2. Name of Corporation UNITED PSYCHOTHERAPY ASSOCIATES, INC.			
3. Street Address Principal Business Office 1441 Park Avenue			City Cranston	State RI	Zip 02920
4. Business Phone No. 401-943-1800		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To provide quality behavioral health counseling services in an outpatient setting to promote optimal mental health of children, adults and families					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Hilda H. Bloomberg			Vice President Name Susan Franchetti		
Street Address 117 Gleaner Chapel Road			Street Address 53 Ricci Drive		
City North Scituate	State RI	Zip 02857	City North Providence	State RI	Zip 02911
Secretary Name Susan Franchetti			Treasurer Name Hilda H. Bloomberg		
Street Address 53 Ricci Drive			Street Address 117 Gleaner Chapel Road		
City North Providence	State RI	Zip 02911	City North Scituate	State RI	Zip 02857
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Hilda H. Bloomberg			Director Name Susan Franchetti		
Street Address 117 Gleaner Chapel Road			Street Address 53 Ricci Drive		
City North Scituate	State RI	Zip 02857	City North Providence	State RI	Zip 02911
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input 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 300		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.

Hilda H. Bloomberg 2/8/12
Signature Date

Hilda H. Bloomberg

Print or Type Name

President

Title

FILED

File Date: MAR 01 2012

Check No: 1934 & 14207

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