



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. 125305		2. Exact name of the Corporation Lincoln Psychiatric Services, Inc		
3. Principal office address 652 George Washington Hwy		City Lincoln	State RI	Zip 02865
4. Business Phone No. 401-904-1848 334-1848		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island MD/DO Psychiatric Office				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Walter Fitzhugh, MD		Vice-President Name		
Street Address 652 George Washington Hwy		Street Address		
City Lincoln	State RI	Zip 02865	City	State
Secretary Name		Treasurer Name		
Street Address		Street Address		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
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.		10. SHARES ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		0	0	0

2012 MAR 29 AM 11:24
 SECRETARY OF STATE
 CORPORATIONS DIV

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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

MAR 29 2012

3558

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.

Walter Fitzhugh, MD 2/27/12
 Signature of Authorized Representative Date

Walter Fitzhugh, MD

Print or Type Name of Authorized Representative