



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. 503 848		2. Exact name of the Corporation Dr. Joanne L. Doucette Psychological Services Inc		
3. Principal office address 111 Wayland Ave. Lower Level		City Providence	State RI	Zip 02906
4. Business Phone No. 401 870 0501		5. State of Incorporation R.I.		
6. Brief description of the character of business conducted in Rhode Island To provide psychological therapy, testing and other related services				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Joanne L. Doucette		Vice-President Name Joanne L. Doucette		
Street Address 111 Wayland Ave. Lower Level		Street Address 111 Wayland Ave. Lower Level		
City Providence	State RI	Zip 02906	City Providence	State RI
Secretary Name Joanne L. Doucette		Treasurer Name Joanne L. Doucette		
Street Address 111 Wayland Ave. Lower Level		Street Address 111 Wayland Ave. Lower Level		
City Providence	State RI	Zip 02906	City Providence	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Joanne L. Doucette		Director Name		
Street Address 111 Wayland Ave. Lower Level		Street Address		
City Providence	State RI	Zip 02906	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
100		Common		None

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 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.

FILED

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

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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.

Judith A. Jamieson 6-7-2012
 Signature of Authorized Representative Date

Judith A. Jamieson
 Print or Type Name of Authorized Representative

Registered Agent