RALPH MORE State	of Rhode Island and Pro Office of the Secret		Fee: \$50.00
Secretary of State	Division Of Business 148 W. River S Providence RI 029 (401) 222-30	Street 04-2615	
Business Corporation Annual Report Filing Period: January 1 - March	1		
In accordance with R.I.G.L. 7-1.2 annual report within thirty (30) da (c&d)) is subject to a penalty fee	ys after the time prescribed by		
ANNUAL REPORT YEAR: 201	3		
1. Corporate ID No. 0001	47404		
2. Name of Corporation Gina	a M. Geremia, PhD, Inc.		
3. Street Address Principal Bu	isiness Office:		
No. and Street: <u>41 SANDER</u> City or Town: <u>SMITHFIEL</u>	RSON ROAD, SUITE 205 D	State: <u>RI</u> Zip: <u>02917</u>	Country: <u>USA</u>
4. Business Phone No.			
5. State of Incorporation			
State: <u>RI</u>			
6. Brief Description of the Cha	aracter of Business Conducte	ed in Rhode Island	
PSYCHOLOGICAL SERVIC	<u>CES</u>		
7. Names and Addresses of th	e Officers and Directors:		
All officers and directors n Incorporator is no longer a	nust be listed. If officers and/ applicable; please delete.	or directors have been el	ected, the title
Title	Individual Name	Address	5
PRESIDENT	First, Middle, Last, Suffix	Address, City or Town, State	· · · ·
		164 KINGSV NORTH KINGSTOWN,	
PRESIDENT	GINA M GEREMIA PHD	41 SANDERSON SMITHFIELD, RI 02	

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
STK		\$0.0000	1,000.00	0
 9. This report must be exect corporation is in the hand corporation by the receiver signed this 2 Day of Janua individuals signing this instasignatory, under penalties of act and deed of the corporatelectronic filing, in complia By <u>GINA M. GEREMIA</u> 	Is of a receiver or truster or truster or trustee. ary, 2013 at 11:37:34 trument constitutes the of perjury, that this in attion, and that the factor	PM. This electronic a e affirmation or acknows the strument is that indiverses the state of th	be executed on b signature of the i owledgement of t idual's act and d	ehalf of the ndividual of the eed or the
Signature of Authorized I	Representative of the C	Corporation		
<u>PRESIDENT</u> Title	Representative of the C	Corporation		
PRESIDENT			the form and he/s	she is not
<u>PRESIDENT</u> Title This report cannot be ac			the form and he/s	she is not