RALPH MOIL	State of Rhode Island a Office of the S				5	Fee: \$50.0	
Secretary of State	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040						
Professional Corpo Annual Report Filing Period: January 1 -							
	i.L. 7-1.2-1501(e), each corpora / (30) days after the time prescr nalty fee of \$25.00.						
ANNUAL REPORT YEA	<b>R</b> : <u>2013</u>						
1. Corporate ID No.	000157726						
2. Name of Corporation	on THERAPEDIATRICS, II	NC.					
3. Street Address Prin	cipal Business Office:						
	<u>5 KINGSTOWN ROAD</u> <u>AKEFIELD</u>	Sta	te: <u>RI</u> Zip	b: <u>02879</u>	Count	ry: <u>USA</u>	
4. Business Phone No							
401-284-4357							
5. State of Incorporati	on						
State: <u>RI</u>							
6. Brief Description of	the Character of Business C	onducted	l in Rhode	sland			
OCCUPATIONAL T	HERAPY SERVICES PROV	<u>'IDED T</u>	O THE PEI	DIATRIC PO	OPUL.	ATION	
All officers and dire	ses of the Officers and Directors must be listed. If office longer applicable; please de	ers and/c	r directors	have been e	lected	, the title	
Title		Individual Name		Address			
PRESIDENT	DINA DICOLA	First, Middle, Last, Suffix DINA DICOLA		Address, City or Town, State, Zip Code, Country 10 STARFLOWER COURT WAKEFIELD, RI 02879 USA			
8. Shares Authorized	and Issued			.,			
						Total Issued	
Class of Stock	Series of Stock	Par Valu	ie Per Share	Total Author	orized	and Outstanding	

STK \$0.0100 10.000 0			Shares Number of Shares	Num of Shares
	STK	\$0.0100	10,000.00	0

9. 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.

**Signed this 22 Day of January, 2013 at 12:12:42 PM.** This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

## By **DINA DICOLA**

Signature of Authorized Representative of the Corporation

PRESIDENT

Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630 Revised 09/07

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