RI SOS Filing Number: 201313782700 Date: 03/12/2013 4:00 PM

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 2013

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.	2. Exact name of the Corporation			
484824	**John D. DaPonte Mental Health Theraphy Inc.**			
3. Principal office address: **2024 Broad Street**		City: **Cranston**	State: **RI**	Zip: **02905**
4. Business Phone No.: **(401) 781-2466**		5. State of Incorporation: **Rhode Island**		
6. Brief description of the character of business conducted in Rhode Island: **Providing Mental Health and Substance Abuse Services to Adult Clients**				

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: **John D. DaPonte**			Vice-President Name: **John D. DaPonte**		
Street Address: **2024 Broad Street**			Street Address: **2024 Broad Street**		
City: **Cranston**	State: **RI**	Zip: **02905**	City: **Cranston**	State: **RI**	Zip: **02905**
Secretary Name: **John D. DaPonte**			Treasurer Name: **John D. DaPonte**		
Street Address: **2024 Broad Street**			Street Address: **2024 Broad Street**		
City: **Cranston**	State: **RI**	Zip: **02905**	City: **Cranston**	State: **RI**	Zip: **02905**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: **John D. DaPonte**			Director Name		
Street Address: **2024 Broad Street**			Street Address		
City: **Cranston**	State: **RI**	Zip: **02905**	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

2013 MAR 12 AM 10:38 SECRETARY OF STATE CORPORATIONS DIV

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	100	COMMON	NONE

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 BY CN192363

FILED
MAR 12 2013

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.

Signature of Authorized Representative — Date: 02/18/13

John D. DaPonte — **President**
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

89938-5-843224