



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. 558163		2. Exact name of the Corporation Clinical Services of Rhode Island, Inc.		
3. Principal office address 600 Putnam Pike Suite 7		City Greenville	State RI	Zip 02828
4. Business Phone No. 401-949-2220		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Substance Abuse - Intensive Outpatient Programs (Evaluation / Consultation / Treatment / Medical Management)				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)				
President Name Reinhard W. Straub		Vice-President Name Reinhard W. Straub		
Street Address 24 Carolina Main St.		Street Address 24 Carolina Main St.		
City Carolina	State RI	Zip 02812	City Carolina	State RI
Secretary Name Reinhard W. Straub		Treasurer Name Reinhard W. Straub		
Street Address 24 Carolina Main St.		Street Address 24 Carolina Main St.		
City Carolina	State RI	Zip 02812	City Carolina	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)				
Director Name Reinhard W. Straub		Director Name		
Street Address 24 Carolina Main St.		Street Address		
City Carolina	State RI	Zip 02812	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)		
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
		100,000	Common	\$ 0.01 per share

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 27 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: **Reinhard STRAUB**
 Date: **3/26/13**
 BY **1463** Print or Type Name of Authorized Representative