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State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Business Corporation Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000508143

2. Name of Corporation MHN Services

3. Street Address Principal Business Office:

No. and Street: 2370 KERNER BLVD
City or Town: SAN RAFAEL State: CA Zip: 94901 Country: USA

4. Business Phone No.

9169351447

5. State of Incorporation

State: CA

6. Brief Description of the Character of Business Conducted in Rhode Island

MANAGED BEHAVIORAL HEALTH CARE SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JUANELL HEFNER	2370 KERNER BOULEVARD SAN RAFAEL, CA 94901 USA
TREASURER	LYNNETTE ORME	2370 KERNER BLVD. SAN RAFEL, CA 94901 US
SECRETARY	CHARLES D ROSE	2025 AEROJET RD. RANCHO CORDOVA, CA 95742 US
CHIEF MEDICAL DIRECTOR	PATRICIA A BUSS	21281 BURBANK BLVD. WOODLAND HILLS, CA 91367 US
DIRECTOR	STEVEN J SELL	2370 KERNER BLVD.

		SAN RAFEL, CA 94901 US
DIRECTOR	STEVEN D TOUGH	2025 AEROJET RD. RANCHO CORDOVA, CA 95742 US

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	Total Issued and Outstanding *Num of Shares*
CNP		$0.0000	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 5 Day of December, 2013 at 5:31:00 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 LYNNETTE ORME
Signature of Authorized Representative of the Corporation

TREASURER
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