

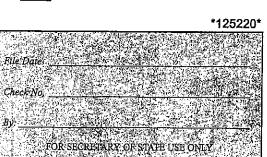
## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Corporations Division 148 W. River St. Providence RI 02904-2615 401.222,3046

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 ' Filing Fee: \$50.00	* THIS REPORT MUST BE TYPED	OR PRINTED LEGIBLY IN BLA	ACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation f	ailing or refusing to file its annual report wi	thin thirty (30) days after the time pro	scribed by
law (R.I.G.L, 7-1.2-1501( $c&d$ )) is subject to a penalty fee of \$25.	00,		

1. Corporate ID No.	2. Name of Corporat	ion				
125220 3. Street Address Principal Business		RBERA, Ph.D., INC.		1 04-44-	72	
341 Broadway	Office		Providence	State RI	02909	
4. Business Phone No.	· <del>· · · · · · · · · · · · · · · · · · </del>	5. State of Incorporatio	L	l WT	1 02909	
401-272-2029		RHODE ISLAN				
6. Brief Description of the Character PSYCHOLOGY PRACT		•				
7. NAMES AND ADDRESSE	s of the officei	S. CX. BOX FOR AL	TACHMENTO TELLEN	SPACES ELEFOREMESTAVE	A TACHMENTS	
President Name			Vice President Name	大学,我们就是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个		
Mona R. Barbera			Mona R. Barbera			
Street Address			Street Address			
341 Broadway			341 Broadway	341 Broadway		
City	State	Zip	City	State	Zip	
Providence	RI	02909	Providence	RI	02909	
Secretary Name			Treasurer Name	•		
Mona R. Barbera	à		Mona R. Barber	Mona R. Barbera		
Street Address			Street Address	•		
341 Broadway			341 Broadway	341 Broadway		
City	State	Ζίρ	City	State	Zip	
Providence	l RI	1 02909	Providence	RI	02909	
8. NAMES AND ADDRESSES  Director Name  N/A	-OETHEWRECH	RS= (*X=BOX;BBH)/	Director Name	varage reforeren	,	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address		Street Address				
Cla.		Tai.				
City	State	Zip	Clty	State	Zip	
). SHARES AUTHORIZED ( AUTHORIZED SHARES	"X" BOX FOR ATE	AGHMENT) [	or an analysis of the contract	(_X; BOX HOR AFTAO) TION MUST BE COMPLETED	AN CHEST THE PROPERTY OF THE PARTY OF THE PA	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
1,000 NO PAR VALUE	common no	par value	-100-	common	no par value	
			THIS SEC	TION MUST BE CC	) RADE CO 1 PC /	
This report must be executed this report must be executed to	on behalf of the cor	poration by the receive	zed representative. If the corr or trustee.	orporation is in the hands	of a receiver or trustee,	



JAN 13 2015	
20770	

Title

	affirm that I have examined this report
	s and statements, and that all statements
contained herein are true and correct	
Mong R B	ale1/7/14
Signature	Date
Mona R. Barbera	
Print or Type Name President	