



**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 2014**

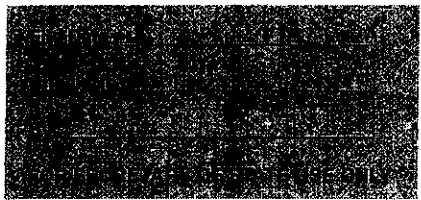
Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>566150</b>		2. Exact name of the Corporation <b>Maria Eguia-Brusco, Ph.D., Ltd.</b>		
3. Principal office address <b>931 Jefferson Blvd.</b>		City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
4. Business Phone No. <b>(401) 921-5400 X 4</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Psychology</b>				
President Name <b>Maria Eguia-Brusco</b>		Vice-President Name <b>Maria Eguia-Brusco</b>		
Street Address <b>931 Jefferson Blvd., Suite 2009</b>		Street Address <b>931 Jefferson Blvd., Suite 2009</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	Zip <b>02886</b>
Secretary Name <b>Maria Eguia-Brusco</b>		Treasurer Name <b>Maria Eguia-Brusco</b>		
Street Address <b>931 Jefferson Blvd., Suite 2009</b>		Street Address <b>931 Jefferson Blvd., Suite 2009</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	Zip <b>02886</b>
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	Zip
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	Zip
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	Common	No Par

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
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*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.*



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.

**FILED**

*Maria Eguia-Brusco* 3/9/14  
 Signature of Authorized Representative Date

**Maria Eguia-Brusco**  
 Print or Type Name of Authorized Representative

Form No. 630  
 Revised: 01/2012

MAR 19 2014

BY CM 220299