



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. 525183		2. Exact name of the Corporation Psychotherapy Inc.			
3. Principal office address 75 SOCKANOSSET CROSSWAY			City CRANSTON	State RI	Zip 02920
4. Business Phone No. 401-275-5505			5. State of Incorporation R.I.		
6. Brief description of the character of business conducted in Rhode Island Psychotherapy					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name G. Miles Mulleruy			Vice-President Name Amy C. Mulleruy		
Street Address 29 MARTIN			Street Address 29 MARTIN AVE		
City BARR.	State RI	Zip 02904	City BARR.	State RI	Zip 02902
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name G. Miles Mulleruy			Director Name Amy C. Mulleruy		
Street Address SAME			Street Address SAME		
City SAME	State SAME	Zip	City SAME	State SAME	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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
			50		
			50		

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

JUN 10 2014

BY 1163

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.

G. Miles Mulleruy **6-8-14**
 Signature of Authorized Representative Date
G. Miles Mulleruy **6-8-14**
 Print or Type Name of Authorized Representative