



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. 000159067		2. Exact name of the Corporation MedOp Behavioral Health Associates of Rhode Island, PC				
3. Principal office address 20 Research Parkway Suite C		City Old Saybrook	State CT	Zip 06475		
4. Business Phone No. 860-510-0888		5. State of Incorporation Rhode Island				
6. Brief description of the character of business conducted in Rhode Island Behavioral Health Services						
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
President Name Andrew Rosenzweig			Vice-President Name			
Street Address 20 Research Parkway			Street Address			
City Old Saybrook	State CT	Zip 06475	City	State	Zip	
Secretary Name Andrew Rosenzweig			Treasurer Name Andrew Rosenzweig			
Street Address 20 Research Parkway			Street Address 20 Research Parkway			
City Old Saybrook	State CT	Zip 06475	City Old Saybrook	State CT	Zip 06475	
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>						
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	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
				1	CWP	.01

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

DEC 12 2014

By 238503

A.A. 12:27 p.m.

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.

Donna Dooley 08/05/2014
 Signature of Authorized Representative Date
DONNA DOOLEY
 Print or Type Name of Authorized Representative