



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 **2012**

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>000159067</b>		2. Exact name of the Corporation <b>MedOp Behavioral Health Associates of Rhode Island, PC</b>			
3. Principal office address <b>20 Research Parkway Suite C</b>			City <b>Old Saybrook</b>	State <b>CT</b>	Zip <b>06475</b>
4. Business Phone No. <b>860-510-0888</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Behavioral Health Services</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Andrew Rosenzweig</b>			Vice-President Name		
Street Address <b>20 Research Parkway</b>			Street Address		
City <b>Old Saybrook</b>	State <b>CT</b>	Zip <b>06475</b>	City	State	Zip
Secretary Name <b>Andrew Rosenzweig</b>			Treasurer Name <b>Andrew Rosenzweig</b>		
Street Address <b>20 Research Parkway</b>			Street Address <b>20 Research Parkway</b>		
City <b>Old Saybrook</b>	State <b>CT</b>	Zip <b>06475</b>	City <b>Old Saybrook</b>	State <b>CT</b>	Zip <b>06475</b>
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. 12:25p.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.

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

RECEIVED  
 CORPORATION DIVISION  
 DEC 12 PM 12:24