



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

Corporations Division  
148 W. River St  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2015**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed 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. <b>125220</b>		2. Name of Corporation <b>MONA R. BARBERA, Ph.D., INC.</b>			
3. Street Address Principal Business Office <b>341 Broadway</b>		City <b>Providence</b>	State <b>RI</b>		
4. Business Phone No. <b>401-272-2029</b>		5. State of Incorporation <b>RHODE ISLAND</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>PSYCHOLOGY PRACTICE</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS (X BOX FOR ATTACHMENT) <input type="checkbox"/> (LEAVE SPACES BEFORE ATTACHMENTS)					
President Name <b>Mona R. Barbera</b>		Vice President Name <b>Mona R. Barbera</b>			
Street Address <b>341 Broadway</b>		Street Address <b>341 Broadway</b>			
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>		
Zip <b>02909</b>		Zip <b>02909</b>			
Secretary Name <b>Mona R. Barbera</b>		Treasurer Name <b>Mona R. Barbera</b>			
Street Address <b>341 Broadway</b>		Street Address <b>341 Broadway</b>			
City <b>Providence</b>	State <b>RI</b>	City <b>Providence</b>	State <b>RI</b>		
Zip <b>02909</b>		Zip <b>02909</b>			
8. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> (LEAVE SPACES BEFORE ATTACHMENTS)					
Director Name <b>N/A</b>		Director Name			
Street Address		Street Address			
City	State	City	State		
Zip		Zip			
Director Name		Director Name			
Street Address		Street Address			
City	State	City	State		
Zip		Zip			
9. SHARES AUTHORIZED (X BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES (X BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000</b>	<b>NO PAR VALUE</b>	<b>common</b>	<b>no par value</b>	<b>-100-</b>	<b>common</b>
					<b>no par value</b>
<b>THIS SECTION MUST BE COMPLETED</b>					

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.



\*125220\*

**FILED**

**JAN 16 2015**

**BY**

**21328**

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.

*Mona R. Barbera* 1/8/15  
Signature Date

**Mona R. Barbera**

President

Title

File Date  
Check No.  
By  
FOR SECRETARY OF STATE USE ONLY