



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 2015

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. 142353	2. Exact name of the Corporation Crystal Sargent Speech Pathologist, Inc		
3. Principal office address 575 East Main Road		City Middletown	State RI
		Zip 02842	
4. Business Phone No. (401) 241-3257	5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Speech Pathology			

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

President Name Crystal I. Sargent		Vice-President Name	
Street Address 575 East Main Road		Street Address	
City Middletown	State RI	Zip 02842	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)

Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	

9. SHARES AUTHORIZED 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.	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
	NUMBER OF SHARES 1000	CLASS/SERIES
		PAR VALUE \$1.00 par value

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: _____

FILED
 JAN 22 2015

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.

Crystal I. Sargent M.A. 1/19/15
 Signature of Authorized Representative Date

Crystal I. Sargent
 Print or Type Name of Authorized Representative

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BY 1131