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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.	2. Exact name of the Corporation
163533	The Center for Learning and Psychological Services

3. Principal office address	City	State	Zip
101 Clock Tower Square	Portsmouth	RI	02871

4. Business Phone No.	5. State of Incorporation
401 683 7600 x1 #	S - CORP

6. Brief description of the character of business conducted in Rhode Island
Psychological services

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

President Name	Vice-President Name
Holly Brown	None
Street Address	Street Address
101 Clock Tower Sq	None
City / State / Zip	City / State / Zip
Portsmouth / RI / 02871	None / None / None
Secretary Name	Treasurer Name
NONE	None
Street Address	Street Address
None	none
City / State / Zip	City / State / Zip
NONE / NONE / None	None / None / None

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

Director Name	Director Name
none	none
Street Address	Street Address
None	none
City / State / Zip	City / State / Zip
none / None / None	none / None / None
Director Name	Director Name
None	None
Street Address	Street Address
None	None
City / State / Zip	City / State / Zip
None / None / None	None / None / None

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	None	None	None
	None	None	None

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 FILED
Check No FEB 13 2015
By:
FOR SECRETARY OF STATE USE ONLY 1020

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.

Holly Brown 2/2/15
Signature of Authorized Representative Date

Holly Brown
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012
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