



**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. <u>794873</u>		2. Exact name of the Corporation <u>Jane Willis Counseling Inc</u>		
3. Principal office address <u>100 Lafayette St - suite 305</u>		City <u>Providence</u>	State <u>R.I.</u>	Zip <u>02860</u>
4. Business Phone No. <u>401-626-2776</u>		5. State of Incorporation <u>Rhode Island</u>		
6. Brief description of the character of business conducted in Rhode Island <u>Counseling - Private Practice</u>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <u>Jane M. Willis</u>		Vice-President Name <u>None (Jane M. Willis)</u>		
Street Address <u>10 Foxx Drive</u>		Street Address		
City <u>Lincoln</u>	State <u>R.I.</u>	Zip <u>02865</u>	City	State
Secretary Name <u>None - Same as above -</u>		Treasurer Name <u>None Jane M. Willis</u>		
Street Address		Street Address <u>(None)</u>		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <u>Jane Willis (None - n/a)</u>		Director Name <u>- None -</u>		
Street Address		Street Address		
City	State	Zip	City	State
Director Name <u>None -</u>		Director Name <u>None -</u>		
Street Address		Street Address		
City	State	Zip	City	State
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
		<u>0</u>	<u>-</u>	<u>-</u>

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  
 FEB 25 2015  
 1110

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.

Jane M. Willis 2/23/15  
 Signature of Authorized Representative Date  
Jane M. Willis 2/23/15  
 Print or Type Name of Authorized Representative