



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. 794873		2. Exact name of the Corporation Jane Willis Counseling Inc		
3. Principal office address 100 Lafayette St - suite 305		City Providence	State R.I.	Zip 02860
4. Business Phone No. 401-626-2776		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Counseling - Private Practice				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Jane M. Willis		Vice-President Name n/a Same (Jane M. Willis)		
Street Address 10 Foxx Drive		Street Address		
City Lincoln	State R.I.	Zip 02865	City	State
Secretary Name n/a Jane M. Willis Same as above -		Treasurer Name n/a Jane M. Willis		
Street Address		Street Address (Same)		
City	State	Zip	City	State
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name Jane Willis (Same - n/a)		Director Name - Same -		
Street Address		Street Address		
City	State	Zip	City	State
Director Name Same -		Director Name ✓ - Same		
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
		0	-	-

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