



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. 114628		2. Exact name of the Corporation South County Behavioral Medicine, Inc.			
3. Principal office address 24 Salt Pond Road, Unit D3		City Wakefield	State RI	Zip 02879	
4. Business Phone No. 401-789-2306		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island To provide psychological treatment and assessment					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name John Kimpton			Vice-President Name None		
Street Address 24 Salt Pond Road, Unit D3			Street Address		
City Wakefield	State RI	Zip	City	State	Zip
Secretary Name John Kimpton			Treasurer Name John Kimpton		
Street Address 24 Salt Pond Road, Unit D3			Street Address 24 Salt Pond Road, Unit D3		
City Wakefield	State RI	Zip	City Wakefield	State RI	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name John Kimpton			Director Name		
Street Address 24 Salt Pond Road, Unit D3			Street Address		
City Wakefield	State RI	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			100	Common	\$0.01

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

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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.

Signature of Authorized Representative

Date

John Kimpton, President

Print or Type Name of Authorized Representative