



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. 149356		2. Exact name of the Corporation Neuropsychology Partners, Inc.			
3. Principal office address 50 Maude Street, 5th Floor		City Providence	State RI	Zip 02908	
4. Business Phone No. (401) 456-2479		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Clinical Neuropsychology - Outpatient Healthcare Providers, Non-Physicians					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Margaret DiCarlo		Vice-President Name Margaret DiCarlo			
Street Address 50 Maude Street, 5th Floor		Street Address 50 Maude Street, 5th Floor			
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
Secretary Name Margaret DiCarlo		Treasurer Name Margaret DiCarlo			
Street Address 50 Maude Street, 5th Floor		Street Address 50 Maude Street, 5th Floor			
City Providence	State RI	Zip 02908	City Providence	State RI	Zip 02908
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Margaret DiCarlo		Director Name			
Street Address 50 Maude Street, 5th Floor		Street Address			
City Providence	State RI	Zip 02908	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
			2		\$0.01 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: _____

FOR SECRETARY OF STATE USE ONLY

Form No. 630
Revised: 01/2012

FILED

MAR 26 2015

By 1478

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.

M. DiCarlo
Signature of Authorized Representative

2/13/15
Date

Margaret DiCarlo

Print or Type Name of Authorized Representative