



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 2016

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. 123786		2. Exact name of the Corporation Karen Holler, Ph.D Neuropsychology Associates, Inc.			
3. Principal office address PO Box 603102			City Providence	State RI	Zip 02906
4. Business Phone No. 401.455.0221			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island To engage in every phase & aspect of the business of rendering professional medical services to the public as duly licensed medical doctors.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Karen Holler, Ph.D			Vice-President Name Karen Holler, Ph.D		
Street Address PO Box 603102			Street Address PO Box 603102		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Karen Holler, Ph.D			Treasurer Name Karen Holler, Ph.D		
Street Address PO Box 603102			Street Address PO Box 603102		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	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	Commprn	no 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.

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED
JAN 20 2016
918

Signature of Authorized Representative Karen Holler Date 1-7-16
 Print or Type Name of Authorized Representative Karen Holler