



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Business Corporation  
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

1. Corporate ID No. 000104366

2. Name of Corporation Ann M. Porto, Psy.D. & Associates, Inc.

3. Street Address Principal Business Office:

No. and Street: 36 BARROWS DRIVE  
City or Town: EAST GREENWICH

State: RI Zip: 02818 Country: USA

4. Business Phone No.

4014650117

5. State of Incorporation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code  621420

6. Brief Description of the Character of Business Conducted in Rhode Island

TO PROVIDE OUTPATIENT MENTAL HEALTH AND PSYCHOLOGICAL SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	WILLIAM PATRICK HICKEY JR.	36 BARROWS DRIVE EAST GREENWICH, RI 02810 USA

SECRETARY	WILLIAM PATRICK HICKEY JR.	36 BARROWS DRIVE EAST GREENWICH, RI 02818 USA
VICE PRESIDENT	WILLIAM PATRICK HICKEY JR.	36 BARROWS DRIVE EAST GREENWICH, RI 02818 USA
PRESIDENT	ANN M PORTO	1524 ATWOOD AVENUE, SUITE 213 JOHNSTON, RI 02919 USA

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	1,000.00	100

**9. 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.**

**Signed this 14 Day of February, 2017 at 9:18:36 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By WILLIAM P HICKEY JR  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

© 2007 - 2017 State of Rhode Island and Providence Plantations  
All Rights Reserved