

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

NAICS Code

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.

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ANNUAL REPORT YEAR: 2017							
1. Corporate ID No. 000532955							
2. Name of Corporation Behavior Analytic Associates Inc.							
3. Street Address Principal Business Office:							
No. and Street:	<u>C/O CAROLYN HANLEY</u> 1024 B BOSTON NECK ROAD						
City or Town:	NARRAGANSETT	State: RI	Zip: <u>02882</u>	Country: <u>USA</u>			
4. Business Phor	ne No.						
4019544841							
5. State of Incorporation							
State: <u>RI</u>							
ARTICLE III							
Using the following NAICS codes, please select the code that best describes your business.							

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

I, DANA CATES, OWNER, HELD A MEETING ON JANUARY 2, 2017 TO DISCUSS THE DIRECTION THE COMPANY WILL TAKE

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IN THE COMING YEAR. THE COMPANY IS EAGER TO CONTINUE WITH ITS SUCCESS HELPING FAMILIES WITH CHILDREN

WITH SPECIAL NEEDS. WE WILL CONTINUE TO OFFER CLINICAL CONSULTING SERVICES TO HELP ALL FAMILY MEMBERS TO

MEET THEIR FULL POTENTIAL. WE ARE LOOKING FORWARD TO A SUCCESSFUL YEAR.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.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
PRESIDENT	CAROLYN JANE HANLEY	1024B BOSTON NECK RD NARRAGANSETT, RI 02882 US
CEO	DANA LYNN CATES	522 ATAMASCO ST CHESAPEAKE, VA 23323 US
OTHER OFFICER	DANA LYNN CATES	,

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
CNP		\$0.0000	100.00	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 26 Day of February, 2017 at 6:26:56 PM. 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 DANA LYNN CATES

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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