

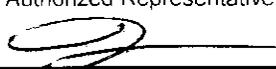


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 375118		2. Exact name of the Corporation South County Child and Family Consultants, Inc.			
3. Principal Office Address 1058 Kingstown Road			City Peace Dale	State RI	Zip 02879
4. NAICS Code 62 - Health Care and Social Ass		6. Brief description of the character of business conducted in Rhode Island Psychiatric counseling			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Ira Randy Kulman			Vice-President Name None		
Street Address 1058 Kingstown Road			Street Address		
City Peace Dale	State RI	Zip 02879	City	State	Zip
Secretary Name Ira Randy Kulman			Treasurer Name Ira Randy Kulman		
Street Address 1058 Kingstown Road			Street Address 1058 Kingstown Road		
City Peace Dale	State RI	Zip 02879	City Peace Dale	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Ira Randy Kulman			Director Name		
Street Address 1058 Kingstown Road			Street Address		
City Peace Dale	State RI	Zip 02879	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	no par value
11. 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.					
Name of Authorized Representative Ira Randy Kulman				Date 3/13 , 2017	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

MAR 20 2017

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