State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

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

STAMP

FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number	2. Exact name of the Corporation
001671269	Psychiatry Services of New England, Inc.

3. Principal Office Address	City	State	Zip
53 Applegate Rd.	Cranston	RI	02920

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621112	Medical Doctor Psychiatry
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Thomas P. Simeone			Vice-President Name:		
Street Address: P.O. Box 8617			Street Address:		
City: Cranston	State: RI	Zip: 02920	City:	State:	Zip:
Secretary Name: Thomas P. Simeone			Treasurer Name: Thomas P. Simeone		
Street Address: P.O. Box 8617			Street Address: P.O. Box 8617		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Thomas P. Simeone			Director Name:		
Street Address: P.O. Box 8617			Street Address:		
City: Cranston	State: RI	Zip: 02920	City:	State:	Zip:
Director Name:			Director Name:		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	CNP	$0.0

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: Thomas P. Simeone

Date: 2/25/18

Signature of Authorized Representative: Thomas P. Simeone SIGN DOCUMENT HERE

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

FILED
MAR 02 2018
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