RI SOS Filing Number: 201863133070 Date: 4/30/2018 10:57:00 AM

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

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2018 APR 30 AM 10:55

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.

1. Entity ID Number	2. Exact name of the Corporation			
125305	Lincoln Psychiatric Services Inc			
3. Principal Office Address		City	State	Zip
652 George Washington Hwy		Lincoln	RI	02865
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
621112	Psychiatrist office			
5. State of Incorporation				
RI				

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

President Name			Vice-President Name		
Walter D Fitzhugh III MD			None		
Street Address			Street Address		
10 Seaview Dr					
City	State	Zip	City	State	Zip
Barrington	RI	02816			
Secretary Name			Treasurer Name		
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

Director Name			Director Name		
N/A			N/A		
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

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
1000	CWP	1000

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	Date
Walter D Fitzhugh III, MD	4/27/18

Signature of Authorized Representative: Walter D Fitzhugh III

SIGN DOCUMENT HERE

FILED
APR 30 2018
10:57
BY CM 329652

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

FORM 630 - Revised: 10/2017