



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 72809		2. Name of Corporation Delta Consultants West, Inc.			
3. Street Address Principal Business Office 1395 ATWOOD AVENUE, SUITE 213			City JOHNSTON	State RI	Zip 02919-
4. Business Phone No. 4019449888		5. State of Incorporation RHODE ISLAND		6. SIC Code 9431	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE INTERDISCIPLINARY PROFESSIONAL, PSYCHOLOGICAL, MENTAL HEALTH, EDUCATIONAL COUNSELING SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Vicki L. Moss			Vice President Name Robert A. Raphael		
Street Address 74 Charles Harpin Road			Street Address 74 Charles Harpin Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
Secretary Name Vicki L. Moss			Treasurer Name Vicki L. Moss		
Street Address 74 Charles Harpin Road			Street Address 74 Charles Harpin Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Vicki L. Moss			Director Name None		
Street Address 74 Charles Harpin Road			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	COMM NO PAR VALUE		2,000	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



7 2 8 0 9

\*72809 DBC 01/17/05 02:11:17 PM\*  
File Date 2-9-05  
Check No. 2625  
By: LM  
FOR SECRETARY OF STATE USE ONLY

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.

Vicki L. Moss 2/9/05  
Signature of Officer Date  
Vicki L. Moss  
Print or Type Name of Officer  
President  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 72809		2. Name of Corporation Delta Consultants West, Inc.			
3. Street Address Principal Business Office 1395 Atwood Avenue, Suite 213			City Johnston	State RI	Zip 02919
4. Business Phone No. 401-944-9888		5. State of Incorporation Rhode Island		6. SIC Code 9431	
7. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE INTERDISCIPLINARY PROFESSIONAL PSYCHOLOGICAL, MENTAL HEALTH, EDUCATIONAL COUNSELING SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Vicki L. Moss			Vice President Name Robert A. Raphael		
Street Address 74 Charles Harpin Road			Street Address 74 Charles Harpin Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
Secretary Name Vicki L. Moss			Treasurer Name Vicki L. Moss		
Street Address 74 Charles Harpin Road			Street Address 74 Charles Harpin Road		
City Foster	State RI	Zip 02825	City Foster	State RI	Zip 02825
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Vicki L. Moss			Director Name None		
Street Address 74 Charles Harpin Road			Street Address		
City Foster	State RI	Zip 02825	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	COMM NO PAR VALUE		2,000	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



7 2 8 0 9

File Date 2/19/04  
 Check No. 2410  
 By: EC  
 FOR SECRETARY OF STATE USE ONLY

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.

Vicki L. Moss 2/17/04  
 Signature of Officer Date  
 Vicki L. Moss  
 Print or Type Name of Officer  
 President  
 Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **72809** 2. Name of Corporation **DELTA CONSULTANTS WEST, INC.**  
3. Street Address Principal Business Office **1395 Atwood Ave., Suite 213** City **Johnston** State **RI** Zip **02919**  
4. Business Phone No. **401-944-9888** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9431**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Psychology Practice**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

<b>President Name</b>			<b>Vice President Name</b>		
Vicki L. Moss			Robert A. Raphael		
<b>Street Address</b>			<b>Street Address</b>		
74 Charles Harpin Rd.			74 Charles Harpin Rd.		
City	State	Zip	City	State	Zip
Foster	RI	02825	Foster	RI	02825
<b>Secretary Name</b>			<b>Treasurer Name</b>		
Vicki L. Moss			Vicki L. Moss		
<b>Street Address</b>			<b>Street Address</b>		
74 Charles Harpin Rd.			74 Charles Harpin Rd.		
City	State	Zip	City	State	Zip
Foster	RI	02825	Foster	RI	02825

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

<b>Director Name</b>			<b>Director Name</b>		
Vicki L. Moss			None		
<b>Street Address</b>			<b>Street Address</b>		
74 Charles Harpin Rd.					
City	State	Zip	City	State	Zip
Foster	RI	02825			
<b>Director Name</b>			<b>Director Name</b>		
None			None		
<b>Street Address</b>			<b>Street Address</b>		
City	State	Zip	City	State	Zip

<b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)</b>			<b>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)</b>		
<b>AUTHORIZED SHARES</b>			<b>ISSUED SHARES</b>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	COMM NO PAR VALUE		2,000	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date: 9-8-03  
Check No.: 2337  
By: [Signature]

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.  
Signature of Officer: [Signature] Date: 9/2/03  
Print or Type Name of Officer: Vicki L. Moss, President  
Title of Officer: President



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **72809** 2. Name of Corporation **Delta Consultants West, Inc.**  
3. Street Address Principal Business Office **1395 Atwood Ave, Suite 213** City **Johnston** State **RI** Zip **02919**  
4. Business Phone No. **401 944-9888** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9431**  
7. Brief Description of the Character of Business Conducted in Rhode Island **Psychology Practice**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Vicki L. Moss</b>	Vice President Name <b>Robert A. Raphael</b>
Street Address <b>74 Charles Harpin Rd</b>	Street Address <b>74 Charles Harpin Rd</b>
City <b>Foster</b> State <b>RI</b> Zip <b>02825</b>	City <b>Foster</b> State <b>RI</b> Zip <b>02825</b>
Secretary Name <b>Vicki L. Moss</b>	Treasurer Name <b>Vicki L. Moss</b>
Street Address <b>same</b>	Street Address <b>same</b>
City <b></b> State <b></b> Zip <b></b>	City <b></b> State <b></b> Zip <b></b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Vicki L. Moss</b>	Director Name <b>One Director</b>
Street Address <b></b>	Street Address <b></b>
City <b></b> State <b></b> Zip <b></b>	City <b></b> State <b></b> Zip <b></b>
Director Name <b></b>	Director Name <b></b>
Street Address <b></b>	Street Address <b></b>
City <b></b> State <b></b> Zip <b></b>	City <b></b> State <b></b> Zip <b></b>

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**2,000 COMM NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 2 8 0 9 \*

File Date: 2-6-02  
Check No.: 1992  
By: [Signature]

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.

[Signature] 2/4/02  
Signature of Officer Date  
Vicki L. Moss  
Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **72809** 2. Name of Corporation **Delta Consultants West, Inc.**

3. Street Address Principal Business Office **1395 Atwood Avenue** City **Johnston** State **RI** Zip **02919**  
4. Business Phone No. **401-944-9888** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9431**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**counseling services to individuals, groups, families and any lawful business**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Vicki L. Moss</b> Street Address <b>1395 Atwood Avenue</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b> Secretary Name <b>Vicki L. Moss</b> Street Address <b>1395 Atwood Avenue</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>	Vice President Name <b>Robert A. Raphael</b> Street Address <b>1395 Atwood Avenue</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b> Treasurer Name <b>Vicki L. Moss</b> Street Address <b>1395 Atwood Avenue</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b>
--	---

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>Vicki L. Moss</b> Street Address <b>1395 Atwood Avenue</b> City <b>Johnston</b> State <b>RI</b> Zip <b>02919</b> Director Name <b>One Director</b> Street Address  City State Zip	Director Name <b>One Director</b> Street Address  City State Zip Director Name <b>One Director</b> Street Address  City State Zip
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**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
Number of Shares		
<b>2,000 SHS COMM NO PAR VAL</b>		<b>0.01</b>

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
Number of Shares		
<b>2,000</b>	<b>common</b>	<b>No Par Value</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 2 8 0 9 \*

File Date: 2/2  
1754  
Check No.: \_\_\_\_\_  
By: 2

FOR SECRETARY OF STATE USE ONLY

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.

Vicki L. Moss 1/29/01  
Signature of Officer Date  
VICKI L. MOSS  
Print or Type Name of Officer  
President  
Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>72809</b>		2. Name of Corporation <b>Delta Consultants West, Inc.</b>			
3. Street Address Principal Business Office <b>1395 Atwood Avenue</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
4. Business Phone No. <b>401-944-9888</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>9431</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>counseling services to individuals, groups, families and any lawful business</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Vicki L. Moss</b>			Vice President Name <b>NONE</b>		
Street Address <b>1395 Atwood Avenue</b>			Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
Secretary Name <b>Vicki L. Moss</b>			Treasurer Name <b>Vicki L. Moss</b>		
Street Address <b>1395 Atwood Avenue</b>			Street Address <b>1395 Atwood Avenue</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Vicki L. Moss</b>			Director Name <b>One Director</b>		
Street Address <b>1395 Atwood Avenue</b>			Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
Director Name <b>One Director</b>			Director Name <b>One Director</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>2,000 SHS COMM NO PAR VAL</b>			<b>2,000</b>	<b>common</b>	<b>No Par Value</b>
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: March 4, 1999  
Check No.: 1214  
By: [Signature]

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.  
Signature of Officer: [Signature] Date: 3/26/99  
Print or Type Name of Officer: Vicki L. Moss  
Title of Officer: President



# PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. <b>72809</b>		2. Name of Corporation <b>Delta Consultants West, Inc.</b>			
3. Street Address Principal Business Office <b>1395 Atwood Avenue</b>			City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
4. Business Phone No. <b>401-944-9888</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>9431</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>counseling services to individuals, groups, families, and any lawful business</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <b>Vicki L. Moss</b>			Vice President Name <b>NONE</b>		
Street Address <b>1395 Atwood Avenue</b>			Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
Secretary Name <b>Vicki L. Moss</b>			Treasurer Name <b>Vicki L. Moss</b>		
Street Address <b>1395 Atwood Avenue</b>			Street Address <b>1395 Atwood Avenue</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name <b>Vicki L. Moss</b>			Director Name <b>One Director Only</b>		
Street Address <b>1395 Atwood Avenue</b>			Street Address		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City	State	Zip
Street Address <b>One Director Only--Named Above</b>			Street Address <b>One Director Only--Named Above</b>		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>2,000 SHS COMM NO PAR VAL</b>			<b>2,000 Common No Par Value</b>		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 7 2 8 0 9 \*

File Date: 2/26/97  
Check No.: 1377  
By: [Signature]

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.

Signature of Officer: [Signature] Date: 2/26/97  
Print or Type Name of Officer: Vicki L. Moss  
Title of Officer: President

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, *Secretary of State*  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1  
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 72809		2. NAME OF CORPORATION Delta Consultants West, Inc.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1395 Atwood Avenue			CITY Johnston	STATE RI	ZIP CODE 02919
4. BUSINESS PHONE NO. 401-944-9888		5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 9431
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND counseling services to individuals, groups, families					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Vicki L. Moss			VICE PRESIDENT NAME		
STREET ADDRESS 1395 Atwood Avenue			STREET ADDRESS		
CITY Johnston	STATE RI	ZIP CODE 02919	CITY	STATE	ZIP CODE
SECRETARY NAME Vicki L. Moss			TREASURER NAME Vicki L. Moss		
STREET ADDRESS 1395 Atwood Avenue			STREET ADDRESS 1395 Atwood Avenue		
CITY Johnston	STATE RI	ZIP CODE 02919	CITY Johnston	STATE RI	ZIP CODE 02919
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME Vicki L. Moss			DIRECTOR NAME		
STREET ADDRESS 1395 Atwood Avenue			STREET ADDRESS		
CITY Johnston	STATE RI	ZIP CODE 02919	CITY	STATE	ZIP CODE
DIRECTOR NAME			DIRECTOR NAME		
STREET ADDRESS			STREET ADDRESS		
CITY	STATE	ZIP CODE	CITY	STATE	ZIP CODE
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
2,000	SHS COMM NO PAR VAL		2,000	Common	No Par Val

This report must be **SIGNED IN INK** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

*Vicki L. Moss*  
Signature of Officer

Vicki L. Moss  
Print or Type Name of Officer

President  
Title of Officer

2/12/96  
Date

File Date:

2/26/96

Check No:

1003

By:

*[Signature]*

For Secretary of State Use Only

State of Rhode Island and Providence Plantations  
 Office of the Secretary of State  
 100 North Main Street  
 Providence, RI 02903-1335  
 401-277-3040

**ANNUAL REPORT**  
 Please Type or Print  
 File Annually-Jan. 1 - March 1  
 Filing Fee \$50.00  
 Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 72809

Annual Report for the year: 1995

Name of Corporation: Delta Consultants West, Inc.

Business entity organized under the laws of the State of: RI

Business Entity is (check one):

Business Corporation (See RIGL Chapter 7-1.1)

Professional Service Corporation (See RIGL Chapter 7-5.1)

For Foreign entity, address and telephone number of principal office: N/A

Phone: N/A

Brief statement of the character of business conducted in Rhode Island:

Address and telephone of the principal office of business entity in Rhode Island (Provide street address-Not P.O. Box):  
 1395 Atwood Avenue, Johnston, RI 02919  
 Phone: 401-944-9888

counseling services to individuals, groups, families and any other lawful business

**THE NAMES OF THE OFFICERS ARE:**

President	Street Address	City/State	Zip Code
Vicki L. Moss	1395 Atwood Avenue, Johnston, RI	02919	
Vice President	Street Address	City/State	Zip Code
Secretary	Street Address	City/State	Zip Code
Vicki L. Moss	1395 Atwood Avenue, Johnston, RI	02919	
Treasurer	Street Address	City/State	Zip Code
Vicki L. Moss	1395 Atwood Avenue, Johnston, RI	02919	

**THE NAMES OF THE DIRECTORS ARE:**

Name	Street Address	City/State	Zip Code
Vicki L. Moss	1395 Atwood Avenue, Johnston, RI	02919	
Name	Street Address	City/State	Zip Code
Name	Street Address	City/State	Zip Code

NUMBER OF SHARES AUTHORIZED (Rider may be attached)		NUMBER OF SHARES OUTSTANDING (Rider may be attached)	
Number of Shares	Class/Series	Number of Shares	Class/Series
2,000	Common/No Par Value	2,000	Common/No Par Value

Date Feb. 2, 1995

**FILED**

By: Vicki L. Moss

Form 31 1/95

**FEB 15 1995**

PRINT OR TYPE NAME OF OFFICER SIGNING

By cc [signature]

PRESIDENT  
 TITLE OF OFFICER SIGNING

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.  
 Cary J. Coen, 123 Dyer Street, Providence, RI 02903

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

File Annually  
I.L.C. Sept. 1 - Nov. 1  
CORP. Jan. 1 - March 1

0072809

1994

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_  
Delta Consultants West, Inc.

Name of Business Entity: \_\_\_\_\_

Business entity organized under the laws of the State of: RI

Federal Taxpayer Identification Number: \_\_\_\_\_

For foreign entity, address and telephone number of principal office:  
N/A

Phone: ( ) \_\_\_\_\_

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box).  
1395 Atwood Avenue, Johnston, RI

Phone: ( ) \_\_\_\_\_

Business Entity is (check one)

- Business Corporation (See RIGL Chapter 7-1.1)
- Professional Service Corporation (See RIGL Chapter 7-5.1)
- Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

Cary J. Coen, Esq.  
WINOGRAD, SHINE & ZACKS, P.C.  
123 Dyer Street

Providence, RI 02903-3980

Brief statement of the character of business conducted in Rhode Island:

counseling services to individuals,  
groups, families and any other lawful  
business

Date of Organization: June 9, 1993

Date of Qualification to do business in Rhode Island (if foreign entity): \_\_\_\_\_

THE NAMES OF THE OFFICERS ARE:

CHIEF EXECUTIVE OFFICER OR  PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE  
Vicki L. Moss, 1395 Atwood Avenue, Johnston, RI

CHIEF OPERATING OFFICER OR  VICE PRESIDENT (Check One) STREET ADDRESS CITY/STATE ZIP CODE

CUSTODIAN OF RECORDS OR  SECRETARY (Check One) STREET ADDRESS CITY/STATE ZIP CODE  
Vicki L. Moss, 1395 Atwood Avenue, Johnston, RI

CHIEF FINANCIAL OFFICER OR  TREASURER (Check One) STREET ADDRESS CITY/STATE ZIP CODE  
Vicki L. Moss, 1395 Atwood Avenue, Johnston, RI

THE NAMES OF THE DIRECTORS ARE:

NAME STREET ADDRESS CITY/STATE ZIP CODE

Vicki L. Moss, 1395 Atwood Avenue, Johnston, RI

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 2,000 NUMBER 2,000

CLASS common CLASS common

SERIES SERIES

PAR VALUE OR WITHOUT PAR No Par Value PAR VALUE OR WITHOUT PAR No Par Value

FILED

MAR 10 1994

327,000

Date March 7 19 94

By: Vicki L. Moss

Vicki L. Moss

PRINT OR TYPE NAME OF OFFICER SIGNING

President

TITLE OF OFFICER SIGNING

FORM 21 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form I.L.C.3 must be filed

CARY J. COEN  
123 DYER STREET/WINOGRAD, SHINE  
PROVIDENCE RI 02903