



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.

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIVISION  
 JUN 21 AM 11:27  
 02828

1. Entity ID Number 000046576		2. Exact name of the Corporation Apple Valley Family Treatment Center, <i>INC.</i>			
3. Principal Office Address 466 Putnam Pike		City Greenville		State RI	Zip 02828
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island Medical Services-Family Practice and Ambulatory Services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Susan B Fanning			Vice-President Name Susan B Fanning		
Street Address 34 Sassafras Road			Street Address 34 Sassafras Rd		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Susan B Fanning			Treasurer Name Susan B Fanning		
Street Address 34 Sassafras Road			Street Address 34 Sassafras Rd		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Susan B Fanning			Director Name		
Street Address 34 Sassafras Rd			Street Address		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			8000		Stk
			PAR VALUE		1
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.					
<b>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.</b>					
Name of Authorized Representative Susan B Fanning					Date 6/19/18
Signature of Authorized Representative <i>Susan B Fanning</i>					

CORPORATION **FILED**

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

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