

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

Form 630 Rev. 12/03

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2005 Filing Period: January 1 - March 1 • Filing Fee: \$50,00 (FORM MUST BE TYPED OR PRINTED IN BIACK) L. Corporate ID No. 2 Name of Corporation 125305 Lincoln Psychiatric Services, Inc. 3. Street Address Principal Business Office BLACKSTONE V 02865 .1nco/n 5. State of Incorporation 6. SIC Code 401-334-1830 RHODE ISLAND 9217 7 Brief Description of the Character of Business Conducted in Rhode Island PSYCHIATRIC SERVICES 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Walter Fitzhugh III MD Street Address Street Address BLACKS TONE Valley Pl State Zip Street Address Street Address State 7.10 City 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Sircei Address Street Address City State Zip City Director Name Mrovi Address Street Address City State 7.1p City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Par Value Class/Series 1,000 \$1.00 PAR VALUE 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. Signature of Officer W.F1724064 Print or Type Name of Officer FOR SECRETARY OF STATE USE ONLY

Title of Officer



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

Mutthew 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		iling Fee: \$50.00						
(FORM MUST BE TYPED IN								
1. Corporate ID No. 125305	2. Nume of Corpor							
1.		hiatric Services, Inc						
3. Sirce Address Principal Business Office 1 Commerce Street		City	State	Zip				
		Lincoln	RI	02865				
401- 334-18 31	n	5. State of Incorpor			6. SIC Code			
7. Brief Description of the Character of Business Conducted in Rhode Island					9886			
1. Brief Description of the Char	_	(• •	. بساد					
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President Name	SES OF THE OFF	ICERS ("X" BOX FOR	ATTACHMENT) FILL IN	SPACES BEFORE USING A	TTACHMENTS			
Walter D. Fitzhig	h. III		Vice President Name					
Street Address			Street Address	Strong Address				
1 Commerce Street			oncer nauress					
City	State	Zip	City	State	To:			
Lincoln	RI	02865	•	Sittle	Zip			
Secretary Name	• • • • • • • • • •		Treasurer Name					
Walter D. Fitzhugh	h, III		•					
Sireet Address			* Street Address	 				
1 Commerce Street			•					
City	State	Zip	*City	State	Zip			
Lincoln	RI	02865	:		l i			
9. NAMES AND ADDRESS Director Name	SES OF THE DIRE	CTORS ("X" BOX FO	RATTACHMENT) FILL I	SPACES BEFORE USING	ATTACHMENTS			
Direction Front			Director Name		· 			
Walter D. Fitzhugh	1, III							
Street Ackliness			Street Address		·			
1 Commerce Street			·					
Lincoln	State	Zip	•City	State	Zip			
Director Nume	Jri	02865	· • • • • • • • • • • • • • • • • • • •					
Director Name			* Director Name		• • • • • • • • • • • • • • • • • • • •			
Street Address								
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AUTHORIZED SHARES	<u> </u>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ISSUED SHARES					
Number of Shares	Cluss/Series	Pur Value	Number of Shures	Class/Series	Par Value			
1000	Common	1.00	3000					
	Common	1.00	1000	common	1.00			
								
	<u> </u>	<u> </u>	i	i				
This report must be signed	d in ink by either	the President, Vice	President, Secretary, Ass	istant Secretary, Treasu	rer. Receiver or Trustee			
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8	E MINE BOSON ON							
1 2 5	3 0 5		Under penalty of a	edum I dealess and a 0°				
			this report, includir	erjury, I declare and affirm t ig any accompanying sched	nat i have examined			
	- 0		and that all stateme	nts contained herein are tru	c and correct.			
File Date	-29-04	′	MM	TO NO	. / / /			
r ne Dune					9/20/04			
Check No.			Signature of Officer					
<u> </u>			Walter D. F	itzhugh, III	,			
<i>8</i> _{1′′}	<u> </u>		Print or Type Name o	f Officer				
FOR SECRETARY OF STATE USE ONLY			President					
	2011 014121		Title of Officer		Form 630 12/01			

(FORM MUST BE TYPED OR PRINTED IN BLACK)

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

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

STOP PLEASE READ INSTRUCTIONS

I. Carporate ID No.	 Name of Corporat 	lon			•
125305 3. Street Address Principal Business	Lincoln Psyc	chiatric Services, Inc.	City	State	Zip
One Commerce 4. Business Phone No.	Street	S. State of Incorporation	Lincoln	RI	02865 6. SIC Gode
401-334-1830 7. Brief Description of the Character	of Business Conducted In	RHODE ISLAND			91
Psychiatric B. NAMES AND ADDRESS President Name			AMENI AMANINASE Vice President Name	6 EEEEOEPECLESENG ATTA	ACHMENTS
Walter D. Fitz	hugh III,	M.D.	SAME Street Addiess		
One Commerce S	treet	Zip	City	State	ZIp
Lincoln ecretary Name	RŢ	02865	Trensurer Name		
Walter D. Fitz	hugh III, N	1.D.	SAME Street Address		
One Commerce S	treet State	Zip	City	State	Zip
Lincoln NAMES AND ADDRESS Director Name	RI SES OF THE DIREC	02865 CTORS ("X" BOX FOR ATTA		ES BEFORE USING AT	•
Walter D. Fitzhug	h III, M.D.		Director Name Street Address		
One Commerce Street	et State	Žip	City	•	
Lincoln Grector Name	RI	02865	Director Name	State	Zip
reet Address			Street Address		
ity	State	Zip	City	State	Zip
O. SHARES AUTHORIZED JUNIORIZED SHARES	("X" BOX FOR ATTAC	HMENT)	11. SHARES ISSUED ("X" ROX FOR ATTACHMEN	T)
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 \$1.00 PAR VALUE	common	1.00	1000	common	1.00

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



File Date: 4-17-03

Check No.: 15-19

iy: _____

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.

1)ill	17	K	1/1	- 42	
Signature of Officer			A	. —	

3/5/-3

Vint or Prop Name of Officer

Secretary
Title of Officer

Form 630 12/02