



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 125305		2. Name of Corporation Lincoln Psychiatric Services, Inc.			
3. Street Address Principal Business Office 8 Blackstone Valley Pl			City Lincoln	State RI	Zip 02865
4. Business Phone No. 401-334-1930		5. State of Incorporation RHODE ISLAND			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Walter Fitzhugh III MD			Vice President Name N/A		
Street Address 8 Blackstone Valley Pl			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name N/A			Treasurer Name N/A		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name N/A			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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
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



File Date	6/22/05
Check No.	234
By:	DA
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.

	5/18/05
Signature of Officer	Date
W. FITZHUGH III MD	
Print or Type Name of Officer	
CEO	
Title of Officer	



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Matthew A. Brown, Secretary of State
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100 North Main Street, Providence, RI 02903-1335
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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. 125305		2. Name of Corporation Lincoln Psychiatric Services, Inc.			
3. Street Address Principal Business Office 1 Commerce Street			City Lincoln	State RI	Zip 02865
4. Business Phone No. 401- 334-1830		5. State of Incorporation Rhode Island			6. SIC Code 9886
7. Brief Description of the Character of Business Conducted in Rhode Island <i>It's a psychiatric practice</i>					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Walter D. Fitzhugh, III			Vice President Name		
Street Address 1 Commerce Street			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Secretary Name Walter D. Fitzhugh, III			Treasurer Name		
Street Address 1 Commerce Street			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Walter D. Fitzhugh, III			Director Name		
Street Address 1 Commerce Street			Street Address		
City Lincoln	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
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
1000	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



1 2 5 3 0 5

File Date	9-29-04
Check No.	148
By:	<i>W</i>
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.

Walter D. Fitzhugh, III
Signature of Officer Date 9/20/04
Walter D. Fitzhugh, III
Print or Type Name of Officer
President
Title of Officer



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **125305**
2. Name of Corporation **Lincoln Psychiatric Services, Inc.**
3. Street Address Principal Business Office
One Commerce Street
City **Lincoln** State **RI** Zip **02865**
4. Business Phone No. **401-334-1830**
5. State of Incorporation **RHODE ISLAND**
6. SIC Code **9217**
7. Brief Description of the Character of Business Conducted in Rhode Island
Psychiatric Services and any other lawful business

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

President Name Walter D. Fitzhugh III, M.D. Street Address One Commerce Street City Lincoln State RI Zip 02865	Vice President Name SAME Street Address SAME City Lincoln State RI Zip 02865
Secretary Name Walter D. Fitzhugh III, M.D. Street Address One Commerce Street City Lincoln State RI Zip 02865	Treasurer Name SAME Street Address SAME City Lincoln State RI Zip 02865

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

Director Name Walter D. Fitzhugh III, M.D. Street Address One Commerce Street City Lincoln State RI Zip 02865	Director Name SAME Street Address SAME City Lincoln State RI Zip 02865
Director Name SAME Street Address SAME City Lincoln State RI Zip 02865	Director Name SAME Street Address SAME City Lincoln State RI Zip 02865

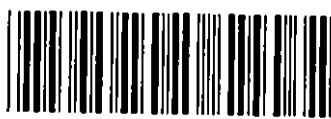
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
1,000	1,000	common	\$1.00

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
1000	1000	common	\$1.00

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



* 1 2 5 3 0 5 *

File Date: **4-17-03**

Check No.: **1579**

By: **[Signature]**

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.

[Signature] **3/11/03**
Signature of Officer Date
Walter D. Fitzhugh III
Print or Type Name of Officer

Secretary
Title of Officer