



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

FILED

Annual Report for the year: 2018
 Corporation

OCT 09 2018

BY [Signature]

- 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 000163553	2. Exact name of the Corporation THE CENTER FOR LEARNING AND PSYCHOLOGICAL SERVICES		
3. Principal Office Address 101 Clock Tower Sq		City Portsmouth	State RI
		Zip 02871	
4. NAICS Code 621330	6. Brief description of the character of business conducted in Rhode Island Psychology practice		
5. State of Incorporation RI			

7. List ALL officers (names and addresses)						Check the box to indicate an attachment <input type="checkbox"/>					
President Name HOLLY BROWN						Vice-President Name					
Street Address 101 Clock Tower Sq						Street Address					
City Portsmouth		State RI		Zip 02871		City N/A		State		Zip	
Secretary Name						Treasurer Name					
Street Address						Street Address					
City		State		Zip		City		State		Zip	

8. List ALL directors (names and addresses)						Check the box to indicate an attachment <input type="checkbox"/>					
Director Name						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	

9. Shares Authorized			10. Shares Issued			Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS-SERIES		PAR VALUE		

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 HOLLY BROWN	Date 9/20/18
Signature of Authorized Representative [Signature]	

MAIL TO:
 Division of Business Services
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