



Department of State - Business Services Division

Annual Report for the year: 2019
Corporation

- 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 129482		2. Exact name of the Corporation RHODE ISLAND COUNSELING & HYPNOTHERAPY CENTER, INC.			
3. Principal Office Address 101 WINE STREET			City CRANSTON	State RI	Zip 02920
4. NAICS Code 621330		6. Brief description of the character of business conducted in Rhode Island TO PRACTICE AS A PROFESSIONAL COUNSEL IN THE AREA OF HUMAN DEVELOPMENT AND MENTAL HEALTH			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NORMA A. FARAONE - LEDGARD			Vice-President Name NORMA A. FARAONE - LEDGARD		
Street Address 101 WINE STREET			Street Address 101 WINE STREET		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name NORMA A. FARAONE - LEDGARD			Treasurer Name NORMA A. FARAONE - LEDGARD		
Street Address 101 WINE STREET			Street Address 101 WINE STREET		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name NONE			Director Name NONE		
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
		100		COMMON	\$1.00
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 NORMA A. FARAONE - LEDGARD					Date 2/5/19
Signature of Authorized Representative <i>Norma A. Faraone - Ledgard</i>					FILED

FEB 06 2019
BY 2250 DS