



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/SERIALS	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	