



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV

2019 APR 25 AM 11:32

1. Entity ID Number 000124286		2. Exact name of the Corporation Family Matters, Inc.			
3. Principal Office Address 15 Fireside Drive			City Barrington	State RI	Zip 02806
4. NAICS Code 621498		6. Brief description of the character of business conducted in Rhode Island Marriage, Family and Individual Therapy			
5. State of Incorporation R. I.					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Tracy C. Woodard			Vice-President Name		
Street Address 15 Fireside Drive			Street Address		
City Barrington	State RI	Zip	City	State	Zip
Secretary Name			Treasurer Name John F. Woodard Jr		
Street Address			Street Address 15 Fireside Drive		
City	State	Zip	City Barrington	State RI	Zip 02806
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
			500	Common	No Par
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 Tracy C. Woodard				Date 4/25/19	
Signature of Authorized Representative 				SIGN DOCUMENT HERE APR 25 2019	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
BY YK2KX
A.A. 11:39 A.M.

FORM 630 - Revised: 10/2017