



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2012

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

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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

FILED
BY UY2KX
AA. 11:33A-M

MAIL TO:
Division of Business Services
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