



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

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STATE

Annual Report for the year: **2014**  
Corporation

2014 OCT 15 2:08

S-300AP

- 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<br><b>000201106</b>  |                    | 2. Exact name of the Corporation<br><b>Orchid Psychotherapy Inc.</b>   |   |                    |                         |
| 3. Principal Office Address<br><b>1130 Ten Rod Road Suite E-204</b>  |                    | City<br><b>North Kingstown</b>   |   | State<br><b>RI</b> | Zip<br><b>02852</b>     |
| 4. NAICS Code<br><b>621112</b>   |                    | 6. Brief description of the character of business conducted in Rhode Island<br><b>Psychotherapy and psychopharmacology</b> |   |                    |                         |
| 5. State of Incorporation<br><b>Rhode Island</b>   |                    |  |   |                    |                         |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |   |                    |                         |
| President Name<br><b>Linda Eddleston</b>   |                    |  | Vice-President Name   |                    |                         |
| Street Address<br><b>38 Reynolds Street</b>  |                    |  | Street Address  |                    |                         |
| City<br><b>North Kingstown</b>   | State<br><b>RI</b> | Zip<br><b>02852</b>  | City  | State              | Zip                     |
| Secretary Name   |                    |  | Treasurer Name  |                    |                         |
| Street Address   |                    |  | Street Address  |                    |                         |
| City   | State              | Zip  | City  | State              | Zip                     |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                    |  |   |                    |                         |
| 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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |                    |  |   |                    |                         |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |                    |  | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span> |                    |                         |
|  |                    |  | NUMBER OF SHARES<br><b>0</b>  | CLASS/SERIES       | PAR VALUE<br><b>0</b>   |
| 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.<br><b>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.</b> |                    |  |   |                    |                         |
| Name of Authorized Representative<br><b>Linda Eddleston</b>  |                    |  |   |                    | Date<br><b>05/20/19</b> |
| Signature of Authorized Representative<br><i>Linda Eddleston</i> <span style="float: right;">SIGN DOCUMENT HERE</span>   |                    |  |   |                    |                         |

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

OCT 15 2019  
BY **V LX52** **A.A.**  
**2:11p.m.**

FORM 630 - Revised: 10/2017