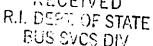
RI SOS Filing Number: 201924346740 Date: 10/15/2019 2:09:00 PM

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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

2019 OCT 15 P 2: 08

Annual Report for the year: 2012 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25	5.00 fee if form is n	ot filed by April 1.				. <u>. </u>	
1. Entity ID Number	2. Exact nan	2. Exact name of the Corporation					
000201106	Orchid P	Orchid Psychotherapy Inc.					
3. Principal Office Address			City		State Zip		
1130 Ten Rod Road Suite E-204			North Kingstown		RI	02852	
4. NAICS Code	6. Brief desc	ription of the chara	cter of business conducte	ed in Rhode Isla	and		
621112		Psychotherapy and psychopharmacology					
5. State of Incorporation	Psychother						
Rhode Island							
7. List ALL officers (names ar		Check the box to indicate an attachment					
President Name Linda Eddles	Vice-President Name						
Street Address 38 Reynolds Street			Street Address				
City North Kingstown	State RI	Zip 02852	City		State	Zip	
Secretary Name			Treasurer Name				
Street Address			Street Address				
City	State	Zip	City		State	Zip	
8. List ALL directors (names a	and addresses)			Check th	e box to ind	licate an attachment	
Director Name			Director Name			· ·	
Street Address			Street Address				
City	State	Zip	City	.	State	Zip	
Director Name			Director Name				
Street Address			Street Address				
City	State	Žip	City		State	Zip	
9. Shares Authorized		10. Shares Issued		Check th	Check the box to indicate an attachment		
This Information is currently of record in the Department of State.			NUMBER OF SHARES C			PAR VALUE	
Changes require an additional filing.		0				Ð	
Ciranges require an additional i	ning.						
 This report must be executrustee, this report must be ex 	ecuted on behalf of	the corporation by	the receiver or trustee.				
Under penalty of perjury, I o statements, and that all stat	leclare and affirm (hat I have examin	ed this report, including	g any accomp	anying sch	edules and	
Name of Authorized Representative						1 - 1 - 10	
Linda Eddleston		<u>-</u>			05,	20/2019	
Signature of Authorized Repre	Selentative	sign do	CUMENT HERE				
		***	A Remarks				

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov OCT 1 5 2019

. FORM 630 - Revised: 10/2017