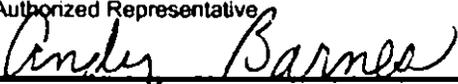


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
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 68236		2. Exact name of the Corporation Family Tree Counseling, Inc.			
3. Principal Office Address 50 Keith Ave.			City Cranston	State RI	Zip 02910
4. NAICS Code 621330		6. Brief description of the character of business conducted in Rhode Island Providing In-home Clinical Social Work Services to Children, Teenagers, Adults, and Families.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Andy Barnes MSW, LICSW			Vice-President Name		
Street Address 50 Keith Ave			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name Andy Barnes MSW, LICSW			Director Name		
Street Address 50 Keith Ave.			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		8000	Common	\$0.01/Share	
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 Andy Barnes MSW, LICSW				Date 12/23/2019	
Signature of Authorized Representative 					

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

DEC 30 2019

KM

BY 1745