

State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionAnnual 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.

FILED

JAN 15 2020

2370

OV STA. 1-1

1. Entity ID Number 186279		2. Exact name of the Corporation Elizabeth G. Heiss Ph.D., Ltd.									
3. Principal Office Address 16 Canonchet Lane			City Warwick	State RI	Zip 02888						
4. NAICS Code 621330		6. Brief description of the character of business conducted in Rhode Island Operation of a Psychology practice									
5. State of Incorporation Rhode Island											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name Dr. Elizabeth G. Heiss			Vice-President Name None								
Street Address 16 Canonchet Lane			Street Address								
City Warwick	State RI	Zip 02888	City	State	Zip						
Secretary Name Dr. Elizabeth G. Heiss			Treasurer Name Dr. Elizabeth G. Heiss								
Street Address 16 Canonchet Lane			Street Address 16 Canonchet Lane								
City Warwick	State RI	Zip 02888	City Warwick	State RI	Zip 02888						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name Dr. Elizabeth G. Heiss			Director Name None								
Street Address 16 Canonchet Lane			Street Address								
City Warwick	State RI	Zip 02888	City	State	Zip						
Director Name None			Director Name None								
Street Address			Street Address								
City	State	Zip	City	State	Zip						
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>								
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	No Par Value
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE									
100	Common	No Par Value									
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 Dr. Elizabeth G. Heiss				Date 1/8/20							
Signature of Authorized Representative 				SIGN DOCUMENT HERE							

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