



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.

**FILED**

JAN 15 2020

2370

OV STA. 1-1

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