



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
 APR 13 2020
 1307

1. Entity ID Number <u>000160434</u>		2. Exact name of the Corporation <u>Peaceful mind, Inc.</u>			
3. Principal Office Address <u>960 Reservoir Avenue, Suite 10</u>		City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	
4. NAICS Code <u>621420</u>	6. Brief description of the character of business conducted in Rhode Island <u>psychotherapy / counseling</u>				
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Cecilia Dietzler</u>		Vice-President Name <u>n/a none</u>			
Street Address <u>960 Reservoir Avenue, Suite 10</u>		Street Address			
City <u>Cranston</u>	State <u>RI</u>	Zip <u>02910</u>	City	State	Zip
Secretary Name <u>n/a none</u>		Treasurer Name <u>n/a none</u>			
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 <u>n/a none</u>		Director Name <u>n/a none</u>			
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 <u>NONE</u>		10. Shares Issued <u>NONE</u> 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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>100</u>			<u>.01</u>
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 <u>Cecilia Dietzler</u>				Date <u>3/1/20</u>	
Signature of Authorized Representative <u>Cecilia Dietzler</u> SIGN DOCUMENT HERE					