RI SOS Filing Number: 202036572050 Date: 3/18/2020 4:00:00 PM

State of Rhode Island and Providence Plantations

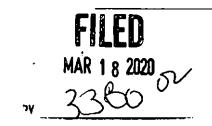
## **Department of State - Business Services Division** Annual Report for the year: 2020

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

Corporation

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.



Entity ID Number	2. Exact name of the Corporation								
000150415	PSYCHOTHERAPY SERVICES OF RI, INC.								
3. Principal Office Address	02.01			City			State	Zip	
52 OLD HICKORY	DRIVE				MBERLAND		RI	02864	
4. NAICS Code	Brief description of the character of business					<u>_</u>		1.02001	
621330									
5. State of Incorporation									
RI	PSYCHOTHERAPY								
7 List ALL officers (names and addresses)  Check the box to indicate an attachment									
President Name					Vice-President Name				
SHERYL REEDY									
Street Address				Street Address					
52 OLD HICKORY DRIVE									
City	State	Zip	)	City		State	7.2	Zip	
CUMBERLAND	RI	lo	2864	•					
Secretary Name				Treasurer Name					
·									
Street Address				Street Address					
City	State	Zip		City		State	72		
								•	
8. List ALL directors (names and addresses)  Check the box to indicate an attachment									
Director Name					Director Name				
Street Address					Street Address				
City	State	Zip		City		State		Zip	
	<u>.</u>				<u></u>				
Director Name				Director Name					
Character Address									
Street Address				Street Address					
	In In								
City	State	Zip	1	City		State	Z	Zip	
O. Charas Authorizada	<u> </u>	Ц,	[10 a)	<u> </u>					
9. Shares Authorized			10. Shares Issued		Che	eck the box	to indica	ite an attachment	
This information is currently of record in the Department of State.			NUMBER OF S			RIES	PAR VALUE		
			1000	00 NPV			0		
Changes require an additional filing.									
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 Antholized Representative (2000) 1 (1050) Date 3-14-20-20									
Signature of Authorized Representative									
SHERYL REEDY									
OHDRID REEDI /									

## MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov