

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

MAR 18 2020

77

3360

| | | | | | |
|---|-------------|---|---------------------|-------------------|--------------|
| 1. Entity ID Number 000150415 | | 2. Exact name of the Corporation PSYCHOTHERAPY SERVICES OF RI, INC. | | | |
| 3. Principal Office Address 52 OLD HICKORY DRIVE | | | City CUMBERLAND | State RI | Zip 02864 |
| 4. NAICS Code 621330 | | 6. Brief description of the character of business conducted in Rhode Island PSYCHOTHERAPY | | | |
| 5. State of Incorporation RI | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name SHERYL REEDY | | | Vice-President Name | | |
| Street Address 52 OLD HICKORY DRIVE | | | Street Address | | |
| City CUMBERLAND | State RI | Zip 02864 | 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 | | | Director Name | | |
| 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 | | 10. Shares Issued 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 |
| | | 1000 | | NPV | 0 |
| 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 Sheryl Reedy LCSW | | | | Date 3-14-2020 | |
| Signature of Authorized Representative SHERYL REEDY | | | | | |

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov