

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
 MAR 18 2020
 3360 *or*

| | | | | | | | | |
|---|-------------|---|--|---------------------|--------------|-------------------|--------------------------|--------------------------|
| 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 | | | | | | |
| 5. State of Incorporation RI | | PSYCHOTHERAPY | | | | | | |
| 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 <i>Sheryl Reedy LCSW</i> | | | | | | 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
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 Website: www.sos.ri.gov