

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State

Matthew A. Brown, Secretary of State

Corporations Division 100 North Main Street Providence, Rt 02993-1335

401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

2005

Corporate II) No 107585	1	ation sychiatry, Ltd.			
Mice Address Principal Bush 41 Boy 1ston	ass Office Ave.		Providence	State RI	01906 01906
(401) 274-5	5686	5 State of Incorporation RHODE ISLAN	4		6 SIC Gode 0
Hred THE PRACTICE OF	PSYCHIATRY.	d in Rhede Island			
NAMES AND ADDRES	SES OF THE OFFIC	ERS: ("X" BOX FOR AT	*	PACES BEFORE USIN	NG ATTACHMENTS
Bonnie St	<u> Pinhera</u>		Nico President Name		
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"Providence	Store I	029 da	none NIA	State	Zφ
BUNNIE S	feinberg		Preasurer Name		
treet Address 41 Boylston	·	<u> </u>	Street Address NONE WA		
Providence	Simp	02900	none NIT	State	Zip
Da ector Name	SES OF THE DIREC	TORS: ("X" BOX FOR A	TTACHMENT) [FILL IN Director Name	SPACES BEFORE US	SING ATTACHMENT
none			None		
MONR			Street Address NMC		
ur none	State	Zιp	Caly	State	Zφ
prector Name NONE	-		Director Name NON-C	••••••	••••••
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0. SHARES AUTHORIZI	ED ("X" BOX FOR	ATTACHMENT)	11. SHARES ISSUED (X" BOX FOR ATTAC	CHMENT)
comper of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			none		

File Date 14065

Check No. 1037

By: _ _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that including any accompanying schedules and state	•
contained herein are true and correct.	i
Poruli Stu	1/5/05
Signature of Officer	Date
Bonnie Steinber	٠.
Print or Type Name of Officer	
ocesident	,)
Title of Officer	
	Form 630 Rev. 12/03



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004 Filling Period: January 1 - March J • Filling Fee: \$50.00

(FORM MUST BE TYPED IN BI	ACK)					
1. Corparate ID No.	2. Name of Corporation		······································		·	
107585	East Side Psych	niatry, Ltd.				
3. Street Address Principal Business Office		-	City	State	Zip	
41 BOYLSTON AVENUE			PROVIDENCE	RI	02906	
4. Business Phone No.		5. State of Incorporation	· 		6. SIC Code	
4012745686		RHODE ISLAND			0	
7. Brief Description of the Charact THE PRACTICE OF PSYC		ed in Rhode Island	· · · · · · · · · · · · · · · · · · ·			
8. NAMES AND ADDRESS	ES OF THE OFFICE	RS ("X" BOX FOR ATT		CES BEFORE USING A	ITACHMENTS	
President Name			Vice President Name			
Bonnie Steinberg			Richard Jennis			
Street Address			Street Address			
41 Boylston Ave.			.41 Boylston Ave	•		
City	State	Zip	City	State	Up	
Providence	RI	02906	Providence	RI	02906	
Secretary Name			Treasurer Name			
Richard Jennis			Bonnie Steinber	9		
Street Address			Street Address			
41 Boylston Ave.			.41 Boylston Ave	•		
City	State	Zip	City	State	Zip	
Providence	RI	02906	. Providence	RI	02906	
9. NAMES AND ADDRESS Director Name	ES OF THE DIRECT	ORS ("X" BOX FOR AT	TACHMENT) FILL IN S	PACES BEFORE USING	ATTACHMENTS	
none			none			
Street Address	 -		· Street Address			
none			'none			
City	State	Zip	·City	State	Zip	
лопе	none	-none	- none	none-	· ·	
Director Name	,		Director Name	liione	none	
none			none			
Street Address			·Street Address			
none			'none			
City	State	Zip	.City	State	Zip	
none	none	none	'none	none	none	
10. SHARES AUTHORIZE	1	1	· · · · · · · · · · · · · · · · · · ·			
AUTHORIZED SHARES	U (A BUATUKATIA	CHMENT)	11. SHARES ISSUED ("X"	BUX FUR ATTACHMEN	<i>"</i>)	
Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value	
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8,000 NO PAR VALUE			100			
This report must be stoned	lim lab ha nisha- st	o Provident Vice De	l	1		
This report must be signed	i in ink by either in	e rresident, vice rre	siaeni, Secretary, Assis	iani Secretary, Treas	urer, Keceiver or Trustee	
å t 11011 801tt (000)	DUBY LOTON BU					
1 0 7	######################################		Linder papalty of north	ury, I declare and affirm	that I have evening d	
				any accompanying sche		
1407505 000 04105	40.00 40.7111	ו		any accompanying sched s contained herein are to		
107585 DBC 01/06/04	10:06:41 PM		. 7	< 11		
File Date 1-8-04			Longe		- 1/6/04	
Check No. 2988			Sugnerline of Officer	Sypia	Pale 0 10 1	
0			MINIE	- OKALINE	215	
By:		_	Print or Type Name of (~ ₁ .	U	
FOR SECRETARY OF STATE (JSE ONLY		10081de	W. Treasu		
L			Title of Officer	,	Form 630 12/01	



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401 222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00



IFORM MUST BE TYPED OR PRINTED IN BLACKS 1 Corporate ID No. 2 Name of Corporation 107585 East Side Psychiatry, Ltd. 3. Street Address Principal Business Office Providence Bollston Avenue 5 State of Incorporation 6 SIC Code 104 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island Psychiatric medical practice 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Soonie Jennis reinberg icha rd 9. NAMES AND ADDRESSES OF THE DIRECTORS (*x* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name 10 Ml 00ve Cit Director Name Director Name none State Zip City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Par Value 8,000 NO PAR VALUE one hundred

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 1 0 7 5 8 5 *
File Date	<u> 3303</u>
Check No ·	<u> 7753</u>
By:	OF STATE USE ONLY

	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.
_	suparture of Officer, Date
	Donnie Steinberg
	President
	Form 630 12'02



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

02 STOP PLEASE READ

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Nume of Corporation 107585 East Side Psychiatry, Ltd. 3. Street Address Principal Rusiness Office State Zip 41 Boylston Ave.
4. Business Phone No. Providence RI 02906 5. State of Incorporation 6. SIC Code **RHODE ISLAND** 401-274-5686 7. Brief Description of the Character of Rusiness Conducted in Rhode Island Practice of psychiatry 8. NAMES AND ADDRESSES OF THE OFFICERS ("x" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Bonnie Steinberg Richard Jennis Street Address Street Address 41 Boylston Ave 41 Boylston Ave Z.ip State ZIp RI 02906 Providence 02906 Providence RI Secretary Name Treasurer Name Richard Jennis Bonnie Steinberg Street Address Street Address 41 Boylston Ave 41 Boylston Ave City ZIp Zip State 02906 Providence Providence RΙ 02906 RΙ 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name none none Street Address Street Address none none State Zip Zip none none Director Name Director Name none none Street Address Street Address none none City ZIp State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

8,000 NO PAR VALUE

Class/Series

Par Value

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

that all statements conta	ined herein; are true and co	rrect.
Bouri	SIL	1/10/02
Signature of Officer	Da	ie
Bonne	Yeinberg	
Pelut or Time Same of Officer		

<u>oresident</u>



Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP PLEASE READ INSTRUCTIONS

riling veru	oa: january	1-march 1	•	riling	ree:	330.00

(FORM MUST BE TYPED IN BLACK)

1. Carporate	ID No. 107585	2 Nume of Corpora East Side	ntion 9 Psychiatry, Ltd	•		
3 Street Add	ress Principal Business	Office		City	State	Zip
41 Bi 4 Business P	oylston A	ve	S. State of Incorporation	Providence	RI	02906 6. SIC Code
• -	01) 274-50 ription of the Character	686 r of Business Conducted	RHODE ISLAND in Rhode Island	•		Ū
The 8. NAME: President Nam	S AND ADDRES	of psychia SES OF THE OFF	try ICERS ("x" box for attaci	IMENT) FILL IN SPACES B	SEFORE USING ATTAC	CHMENTS
Bonn Street Addres	ie J. Stė	inberg		Bichard Jenn Street Address	is	
41 B	b ýt ston A	Ve State	Zıp	41 <u>JB</u> oylston Providence	Ave State RI	^{Zip} 02906
Prov Secretary Nar	idence	RI	02906	Treusurer Name	i kadina	4174.13
Rich Street Address	ar <u>d</u> Jenni	S		Bonnie Steinb	erg	
City 41 E	Boylston A	ive State	71p	41 Boylston A	State	Zip
	Hanne	RI	02906	Providence	RI ^{ACL 2}	02906
9. NAME: Director Nam	S AND ADDRES "	SES OF THE DIR	ECTORS (*X* BOX FOR ATTA	IGHMENT) FILL IN SPACES Director Nume	S BEFORE USING ATT	ACHMENTS
Street Address	3	one		none Street Address		;
City	n	one		. none——	State	
no	one	none		none	none	none
Director Nam	re			Director Name		
none				none		
Street Addres.	s.			Street Address		
	none			none		
City		State	Zip	City	State	Zip
	none	none	none	none	none	none
	ES AUTHORIZE	D ("X" BOX FOR ATT	TACHMENT)	11. SHARES ISSUED (*) ISSUED SHARES	K* BOX FOR ATTACHMEN	T)
10. SHAR AUTHORIZED	SHARES					
		Class/Series	Par Value	Number of Shares	Class/Series	Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer

	* 1 0 7 5 8 5 *
File Date:	1/31
rite Date.	1026
Check No.:	J .
Ву:	· · · · · · · · · · · · · · · · · ·
FOR SECRETARY O	F STATE USE ONLY

1 (18630) (1811 BB) (1800) B) (1818 B) (1898)

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.

Signature of Officer

Date

Print or Type Name of Officer

Decidon



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PILINERIAS INVERTION

(FORM MUST BE TYPED IN	BLACK)				
1 Corporate ID No	2 Name of Corpora	tion			`
107585	East Side	Psychiatry, Ltd.			
4. Business Phone No.	Iston Ave	5 State of Incorporation	Providence	State RI	Zip © Z9 O C 6. SIC Code
401-174-569 7. Brief Description of the Char Practice	acter of Ausiness Conducted in	RHODE ISLAND n Rhode Island			9217
	RESSES OF THE OPF	ICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACE	S BEFORE USING ATTA	CHMENTS
President Name			Vice President Name		
Street Address	Stemberg		Street Address	Jennis	
41 Boy	ils for Ave		Same		
City	State	Zip	City	State	Zip
Providence Secretary Nume A.	(T	02406	Treasurer Name		
Rich	ard Jennis		. الم	йú	
Street Address	_		Street Address	1.40	
41 1	Boulsh Air				
Poulan _	Boylsten Ave	Zip ひとらるし	City	State	Zip
9. NAMES AND ADDI	PECCEC OF THE DID		CHARNET MILITARIA	CES BEFORE USING AT	TA CUMENTS
Director Name	NESSES OF THE DIK	ECTORS OF BOAFOR ALLA	Director Name	CES DEPORE USING AT	ACHMENTS
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Street Address	ternberg.		Street Address		
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	1.1- ton Are.		City	State	7.5
Δ 1.	state	•	City	State	Zıp
"noundance	Pur.	02404	<u>.</u>		
Director Name			Director Name		
	Non		•	Nov-	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHOR	IZED ("X" BOX FOR ATI	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMEN	rt)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR V	ALUE		al. a		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 1 0 7 5 8 5 *
File Date:	12-20-99
Check No	1012
βν:	AMF
FOR SECRETAR	Y OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined	
this report, including any accompanying schedules and statements, a	no
that all statements contained herein are true and correct.	
that all statements contained herein are true and correct.	

Ruhand Jam	12.18.99
gnature of Officer	Date
Richard Jennis	
rint or Type Name of Officer .	

The Vous west Decretory