



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, RI 02903-1335  
(401) 222-3940

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 107585		2. Name of Corporation East Side Psychiatry, Ltd.			
3. Street Address Principal Business Office 41 Boylston Ave.			City Providence	State RI	Zip 02906
4. Business Phone No. (401) 274-5686		5. State of Incorporation RHODE ISLAND			6. SIC Code 0
7. Brief Description of Principal Business Conducted in Rhode Island THE PRACTICE OF PSYCHIATRY.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Bonnie Steinberg			Vice President Name none N/A		
Street Address 41 Boylston Ave.			Street Address none N/A		
City Providence	State RI	Zip 02906	City none N/A	State	Zip
Secretary Name Bonnie Steinberg			Treasurer Name none N/A		
Street Address 41 Boylston Ave.			Street Address none N/A		
City Providence	State RI	Zip 02906	City none N/A	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State	Zip	City none	State	Zip
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State	Zip	City none	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			none		

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



File Date	1/10/05
Check No.	1027
By:	W.
FOR SECRETARY 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.

Signature of Officer: Bonnie Steinberg Date: 1/5/05  
Print or Type Name of Officer: Bonnie Steinberg  
Title of Officer: president



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, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 107585		2. Name of Corporation East Side Psychiatry, Ltd.		
3. Street Address Principal Business Office 41 BOYLSTON AVENUE		City PROVIDENCE	State RI	Zip 02906
4. Business Phone No. 4012745686		5. State of Incorporation RHODE ISLAND		6. SIC Code 0
7. Brief Description of the Character of Business Conducted in Rhode Island THE PRACTICE OF PSYCHIATRY.				

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Bonnie Steinberg			Vice President Name Richard Jennis		
Street Address 41 Boylston Ave.			Street Address 41 Boylston Ave.		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Richard Jennis			Treasurer Name Bonnie Steinberg		
Street Address 41 Boylston Ave.			Street Address 41 Boylston Ave.		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 NO PAR VALUE			100		

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

\*107585 DBC 01/06/04 10:06:41 PM\*

File Date 1-8-04

Check No. 2988

By: [Signature]

FOR SECRETARY 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.

[Signature] 1/6/04  
Secretary of Officer Date  
Bonnie Steinberg  
Print or Type Name of Officer  
President, Treasurer  
Title of Officer



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

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1 Corporate ID No.

2 Name of Corporation

107585

East Side Psychiatry, Ltd.

3 Street Address Principal Business Office

41 Boylston Avenue

City Providence

State RI

Zip 02906

4 Business Phone No.

401 274-5686

5 State of Incorporation

RHODE ISLAND

6 SIC Code

0

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**

President Name

Bonnie Steinberg

Vice President Name

Richard Jennis

Street Address

41 Boylston Avenue

Street Address

41 Boylston Ave

City Providence State RI Zip 02906

City Providence State RI Zip 02906

Secretary Name

Richard Jennis

Treasurer Name

Bonnie Steinberg

Street Address

41 Boylston Ave

Street Address

41 Boylston Ave

City Providence State RI Zip 02906

City Providence State RI Zip 02906

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)**

**FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

none

Director Name

none

Street Address

N/A

Street Address

N/A

City State Zip

City State Zip

Director Name

none

Director Name

none

Street Address

N/A

Street Address

N/A

City 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

8,000 NO PAR VALUE

Number of Shares

Class/Series

Par Value

one hundred - 1 none

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: 3.3.03

Check No: 2753

By: IUP

FOR SECRETARY 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.

Signature of Officer: Bonnie Steinberg Date: 2-28-03

Print or Type Name of Officer: Bonnie Steinberg

Title of Officer: President



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **107585**  
2. Name of Corporation **East Side Psychiatry, Ltd.**  
3. Street Address Principal Business Office  
**41 Boylston Ave.**  
4. Business Phone No. **401-274-5686**  
5. State of Incorporation **RHODE ISLAND**  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Practice of psychiatry**

City **Providence** State **RI** Zip **02906**  
6. SIC Code **0**

## 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name  
**Bonnie Steinberg**  
Street Address  
**41 Boylston Ave**  
City **Providence** State **RI** Zip **02906**  
Secretary Name  
**Richard Jennis**  
Street Address  
**41 Boylston Ave**  
City **Providence** State **RI** Zip **02906**

Vice President Name  
**Richard Jennis**  
Street Address  
**41 Boylston Ave**  
City **Providence** State **RI** Zip **02906**  
Treasurer Name  
**Bonnie Steinberg**  
Street Address  
**41 Boylston Ave**  
City **Providence** State **RI** Zip **02906**

## 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name  
**none**  
Street Address  
**none**  
City **none** State **none** Zip **none**  
Director Name  
**none**  
Street Address  
**none**  
City **none** State **none** Zip **none**

Director Name  
**none**  
Street Address  
**none**  
City **none** State **none** Zip **none**  
Director Name  
**none**  
Street Address  
**none**  
City **none** State **none** Zip **none**

## 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8,000 NO 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



\* 1 0 7 5 8 5 \*

File Date: 1-14-02

Check No.: 2458

By: [Signature]

FOR SECRETARY 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.

Bonnie Steinberg 1/10/02  
Signature of Officer Date

Bonnie Steinberg  
Print or Type Name of Officer

President  
Title of Officer



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

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



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **107585** 2. Name of Corporation **East Side Psychiatry, Ltd.**  
3. Street Address Principal Business Office **41 Boylston Ave** City **Providence** State **RI** Zip **02906**  
4. Business Phone No. **(401) 274-5686** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **8**  
7. Brief Description of the Character of Business Conducted in Rhode Island

**The practice of psychiatry**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>Bonnie J. Steinberg</b> Street Address <b>41 Boylston Ave</b> City <b>Providence</b> State <b>RI</b> Zip <b>02906</b>	Vice President Name <b>Richard Jennis</b> Street Address <b>41 Boylston Ave</b> City <b>Providence</b> State <b>RI</b> Zip <b>02906</b>
Secretary Name <b>Richard Jennis</b> Street Address <b>41 Boylston Ave</b> City <b>Providence</b> State <b>RI</b> Zip <b>02906</b>	Treasurer Name <b>Bonnie Steinberg</b> Street Address <b>41 Boylston Ave</b> City <b>Providence</b> State <b>RI</b> Zip <b>02906</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>none</b> Street Address <b>none</b> City <b>none</b> State <b>none</b> Zip <b>none</b>	Director Name <b>none</b> Street Address <b>none</b> City <b>none</b> State <b>none</b> Zip <b>none</b>
Director Name <b>none</b> Street Address <b>none</b> City <b>none</b> State <b>none</b> Zip <b>none</b>	Director Name <b>none</b> Street Address <b>none</b> City <b>none</b> State <b>none</b> Zip <b>none</b>

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**8,000 NO PAR VALUE**

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

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**100 1 none**

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: **1/31**

Check No.: **1026**

By: **[Signature]**

FOR SECRETARY 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.

**[Signature]** **1/27/01**  
Signature of Officer Date

**Bonnie Steinberg**  
Print or Type Name of Officer

**President**  
Title of Officer



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

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **107585** 2. Name of Corporation **East Side Psychiatry, Ltd.**

3. Street Address Principal Business Office

**41 Boylston Ave.**

City

**Providence**

State

**RI**

Zip

**02906**

4. Business Phone No.

**401-274-5686**

5. State of Incorporation

**RHODE ISLAND**

6. SIC Code

**9217**

7. Brief Description of the Character of Business 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

**Bonnie Steinberg**

Vice President Name

**Richard Jennis**

Street Address

**41 Boylston Ave**

Street Address

**Same**

City

**Providence**

State

**RI**

Zip

**02906**

City

State

Zip

Secretary Name

**Richard Jennis**

Treasurer Name

**NONE**

Street Address

**41 Boylston Ave**

Street Address

City

**Providence**

State

**RI**

Zip

**02906**

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

**FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

**Bonnie Steinberg**

Director Name

**NONE**

Street Address

**41 Boylston Ave**

Street Address

City

**Providence**

State

**RI**

Zip

**02906**

City

State

Zip

Director Name

**NONE**

Director Name

**NONE**

Street Address

City

State

Zip

City

State

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

**8,000 NO PAR VALUE**

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

ISSUED SHARES

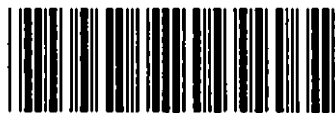
Number of Shares

Class/Series

Par Value

**NONE**

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**

By: **AMF**

FOR SECRETARY 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.

**Richard Jennis** 12-18-99  
Signature of Officer Date

**Richard Jennis**  
Print or Type Name of Officer

**Vice President / Secretary**  
Title of Officer