



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. 123786		2. Name of Corporation Karen Holler, Ph.D. Neuropsychology Associates, Inc.			
3. Street Address Principal Business Office 90 Oak Street			City Providence	State R. I.	Zip 02909
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN EVERY PHASE AND ASPECT OF THE BUSINESS OF RENDERING PROFESSIONAL MEDICAL SERVICE TO THE PUBLIC AS A DULY LICENSED MEDICAL DOCTOR					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Karen Holler, Ph.D.			Vice President Name Same		
Street Address 90 Oak Street			Street Address		
City Providence	State R.I.	Zip 02909	City	State	Zip
Secretary Name Same			Treasurer Name Same		
Street Address			Street Address		
City	State	Zip	City	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		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	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
600 NO PAR VALUE			100	common	no PAR

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



FILED

File Date **MAR 16 2005 419**

Check No. _____

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] **04/19/05**
Signature of Officer Date

Karen Holler, Ph.D. Neuropsychology,
Print or Type Name of Officer
President
Title of Officer
Associates, Inc.



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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1. Corporate ID No. 123786		2. Name of Corporation Karen Holler, Ph.D. Neuropsychology Associates, Inc.					
3. Street Address Principal Business Office 90 Oak Street				City Providence	State RI	Zip 02909	
4. Business Phone No. (401) 455-6559			5. State of Incorporation RHODE ISLAND			6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN EVERY PHASE AND ASPECT OF THE BUSINESS OF RENDERING PROFESSIONAL MEDICAL SERVICE TO THE PUBLIC AS A DULY LICENSED MEDICAL DOCTOR							
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS							
President Name Karen Holler				Vice President Name same			
Street Address 90 Oak Street				Street Address			
City Providence		State RI	Zip 02909	City		State	Zip
Secretary Name same				Treasurer Name same			
Street Address				Street Address			
City		State	Zip	City		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			
Street Address				Street Address			
City		State	Zip	City		State	Zip
Director Name				Director Name			
Street Address				Street Address			
City		State	Zip	City		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	
600 NO PAR VALUE	Common			100	common	no par	

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



* 1 2 3 7 8 6 *

File Date 2/19/04
Check No. 354
By: U.
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.

Karen Holler
Signature of Officer
Date
Karen Holler, Ph.D Neuropsychology Associates, Inc.
Print or Type Name of Officer
President
Title of Officer



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. **123786** 2. Name of Corporation **Karen Holler, Ph.D. Neuropsychology Associates, Inc.**
3. Street Address Principal Business Office **90 Oak Street** City **Providence** State **RI** Zip **02909**
4. Business Phone No. **(401) 455-6559** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island
to engage in every phase and aspect of the business of rendering professional medical service to the public as a duly licensed medical doctor under the laws/
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**
President Name **Karen Holler** Vice President Name **of the State of Rhode Island**

Street Address **90 Oak Street** City **Providence,** State **RI** Zip **02909**
Secretary Name _____
Street Address _____ City _____ State _____ Zip _____

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**
Director Name **none** 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 _____

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)
AUTHORIZED SHARES
Number of Shares Class/Series Par Value
600 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)
ISSUED SHARES
Number of Shares Class/Series Par Value
100 common no par

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



File Date 2-28-03
Check No. 260
By: [Signature]

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 [Signature] Date 2/24/03
Print or Type Name of Officer Karen Holler, Ph.D Neuropsychology Associates, Inc.
Title of Officer President