



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

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

FEB 19 2021

BY

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1. Entity ID Number 1679418		2. Exact name of the Corporation Cecilia M. Duarte, PHD, Inc.			
3. Principal Office Address 1130 Ten Rod Road, Building E, Suite 101			City North Kingstown	State RI	Zip 02852
4. NAICS Code 621330		6. Brief description of the character of business conducted in Rhode Island Psychologist			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Cecilia M. Duarte			Vice-President Name George M. Duarte		
Street Address 1130 Ten Rod Road, Building E, Suite 101			Street Address 1130 Ten Rod Road, Building E, Suite 101		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
Secretary Name Cecilia M. Duarte			Treasurer Name Cecilia M. Duarte		
Street Address 1130 Ten Rod Road, Building E, Suite 101			Street Address 1130 Ten Rod Road, Building E, Suite 101		
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES CLASS/STRIKS PAR VALUE		
			100	Common	\$.01
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 Cecilia M. Duarte, President					Date 2/5/21
Signature of Authorized Representative <i>Cecilia Duarte, Ph.D.</i>					

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020