State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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2021 FEB 26 AM 8:56

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

1. Entity ID Number	2. Exact name of the Corporation
000504071	Anchor Counseling Center, Inc.

3. Principal Office Address	City	State	Zip
652 George Washington Hwy, Suite 102	Lincoln	RI	02865

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621420	Counseling Center
5. State of Incorporation: Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Shawna Figueira	Shawna Figueira
Street Address: 17 Hidden Meadow Dr.	Street Address: 17 Hidden Meadow Dr.
City: Cumberland, State: RI, Zip: 02864	City: Cumberland, State: RI, Zip: 02864
Secretary Name	**Treasurer Name**
Shawna Figueira	Shawna Figueira
Street Address: 17 Hidden Meadow Dr.	Street Address: 17 Hidden Meadow Dr.
City: Cumberland, State: RI, Zip: 02864	City: Cumberland, State: RI, Zip: 02864

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 ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	1000	Common	No Par Value

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	Date
Shawna Figueira, President	2/16/2021

Signature of Authorized Representative: Shawna A Figueira

FILED
FEB 26 2021
BY Cu Ck# 2998

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017