



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

1. Entity ID Number 001734531		2. Exact name of the Corporation Ellen Darling, PHD, P.C.		2023 NOV 14 P 1:32		2023 NOV 14 P 1:3	
3. Principal Office Address 285 Governor St; Suite 250				City Providence		State RI	
						Zip 02906	
4. NAICS Code 621330		6. Brief description of the character of business conducted in Rhode Island Clinical psychologist providing outpatient psychological services in a private practice setting.					
5. State of Incorporation Rhode Island							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Ellen V. Darling				Vice-President Name			
Street Address 427 Cole Avenue				Street Address			
City Providence		State RI		Zip 02906			
Secretary Name				Treasurer Name			
Street Address				Street Address			
City		State		Zip			
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name				Director Name			
Street Address				Street Address			
City		State		Zip			
Director Name				Director Name			
Street Address				Street Address			
City		State		Zip			
9. Shares Authorized				10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.				NUMBER OF SHARES		CLASS/SERIES	
				0		0	
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 Ellen V. Darling						Date 11/13/2023	
Signature of Authorized Representative <i>Ellen V. Darling</i>						FILED 11/13/2023	