

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
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

JAN 06 2025

BY

1. Entity ID Number 68236		2. Exact name of the Corporation FAMILY TREE COUNSELING, INC			
3. Principal Office Address 50 KEITH AVE		City CRANSTON		State RI	Zip 02910
4. NAICS Code 621330		6. Brief description of the character of business conducted in Rhode Island CLINICAL SOCIAL WORK SERVICES TO CHILDREN, TEENAGERS, AND ADULTS.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANDY BARNES, MSW, LICSW			Vice-President Name		
Street Address 50 KEITH AVE			Street Address		
City CRANSTON	State RI	Zip 02910	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	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	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		8,000		COMMON	.01/SHARE
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 ANDY BARNES, MSW, LICSW					Date 12/31/24
Signature of Authorized Representative Andy Barnes MSW, LICSW					

MAIL TO:

Division of Business Services

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