State of Rhode Island

Department of State - Business Services Division

FILED STAMP
FEB 05 2025
BY 3220

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

1. Entity ID Number	2. Exact name of the Corporation		
186279	Elizabeth G. Heiss Ph.D., Ltd.		
3. Principal Office Address	City	State	Zip
16 Canonchet Lane	Warwick	RI	02888
4. NAICS Code: 621330	6. Brief description of the character of business conducted in Rhode Island: Operation of a Psychology Practice		
5. State of Incorporation: RI			

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

President Name: Dr. Elizabeth G. Heiss			Vice-President Name: None		
Street Address: 16 Canonchet Lane			Street Address:		
City: Warwick	State: RI	Zip: 02888	City:	State:	Zip:
Secretary Name: Dr. Elizabeth G. Heiss			Treasurer Name: Dr. Elizabeth G. Heiss		
Street Address: 16 Canonchet Lane			Street Address: 16 Canonchet Lane		
City: Warwick	State: RI	Zip: 02888	City: Warwick	State: RI	Zip: 02888

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

Director Name: Dr. Elizabeth G. Heiss			Director Name: None		
Street Address: 16 Canonchet Lane			Street Address:		
City: Warwick	State: RI	Zip: 02888	City:	State:	Zip:
Director Name: None			Director Name: None		
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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	100	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
Dr. Elizabeth G. Heiss	1/27/25

Signature of Authorized Representative

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: 11/2021