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State of Rhode Island
Department of State - Business Services Division

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
1679418	Cecilia M. Duarte, PHD, Inc.

3. Principal Office Address	City	State	Zip
1130 Ten Rod Road, Building E, Suite 101	North Kingstown	RI	02852

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621330	Psychologist
5. State of Incorporation	
RI	

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

President Name	Street Address	City	State	Zip
Cecilia M. Duarte	1130 Ten Rod Road, Bldg E, Ste. 101	North Kingstown	RI	02852

Vice-President Name	Street Address	City	State	Zip
George M. Duarte	1130 Ten Rod Road, Bldg E, Ste. 101	North Kingstown	RI	02852

Secretary Name	Street Address	City	State	Zip
Cecilia M. Duarte	1130 Ten Rod Road, Bldg E, Ste. 101	North Kingstown	RI	02852

Treasurer Name	Street Address	City	State	Zip
Cecilia M. Duarte	1130 Ten Rod Road, Bldg E, Ste. 101	North Kingstown	RI	02852

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

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip
Director Name	Street Address	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 ☐

NUMBER OF SHARES	CLASS/SERIES	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	Date
Cecilia M. Duarte, President	3/10/25

Signature of Authorized Representative

Cecilia M. Duarte

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

FILED
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