



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 98412		2. Name of Corporation Value Behavioral Health of Rhode Island, Inc.			
3. Street Address Principal Business Office 240 Corporate Blvd.			City Norfolk	State VA	Zip 23502
4. Business Phone No. (757) 459-5200		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To engage in a specialty network based mental health and substance abuse related care administrative services organization.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Barbara B. Hill			Vice President Name E. Paul Dunn, Jr.		
Street Address 240 Corporate Blvd.			Street Address 240 Corporate Blvd.		
City Norfolk	State VA	Zip 23502	City Norfolk	State VA	Zip 23502
Secretary Name Rebecca H. White			Treasurer Name E. Paul Dunn, Jr.		
Street Address 240 Corporate Blvd.			Street Address 240 Corporate Blvd.		
City Norfolk	State VA	Zip 23502	City Norfolk	State VA	Zip 23502
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Ronald I. Dozoretz, MD			Director Name		
Street Address 240 Corporate Blvd.			Street Address		
City Norfolk	State VA	Zip 23502	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	\$0.01 par value		1,000	common	\$0.01

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.

**FILED**

File Date JAN 28 2008

Check No. By DS-000409-7744

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

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.

Signature [Signature] Date 2/22/08

Rebecca H. White  
Print or Type Name  
Secretary  
Title