



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 2009

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. 82367		2. Name of Corporation Sylvia Weber Associates, Inc.			
3. Street Address Principal Business Office 84 Shaw Avenue			City Cranston	State RI	Zip 02905
4. Business Phone No. (401) 461-1042		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island TO PROVIDE MULTIDISCIPLINARY PROFESSIONAL MENTAL HEALTH AND COUNSELING SERVICES TO INDIVIDUALS, GROUPS, FAMILIES & COUPLES.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Sylvia Weber			Vice President Name Sylvia Weber		
Street Address 84 Shaw Avenue			Street Address 84 Shaw Avenue		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
Secretary Name Sylvia Weber			Treasurer Name Sylvia Weber		
Street Address 84 Shaw Avenue			Street Address 84 Shaw Avenue		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Sylvia Weber			Director Name		
Street Address 84 Shaw Avenue			Street Address		
City Cranston	State RI	Zip 02905	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
			Number of Shares 50	Class Series Common	Par Value No Par

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 RECEIVED
 CORPORATIONS DIV
 STATE OF RHODE ISLAND

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.

12:08

File Date	FILED
Check No.	FEB 17 2010
By:	<i>[Signature]</i>
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] *[Date]*
 Signature Date
 Sylvia Weber 6 Feb 10
 Print or Type Name
 President
 Title