

COPY



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 02904-261.
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011

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. 114491		2. Name of Corporation West Bay Psychiatric Associates, Ltd.	
3. Street Address Principal Business Office 300 Centerville Road (Suite 101west)		City Warwick	State RI
4. Business Phone No. (401) 732-4500		5. State of Incorporation Rhode Island	
6. Brief Description of the Character of Business Conducted in Rhode Island Outpatient medical/mental health services			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name JAMES A. GALLO, MD		Vice President Name CHARLES DENBY, II, MD	
Street Address 21 Valley Look Court		Street Address 106 Nayatt Road	
City West Greenwich	State RI	City Barrington	State RI
Zip 02817		Zip 02806	
Secretary Name James A. Gallo, MD		Treasurer Name Charles Denby, II, MD	
Street Address 21 Valley Look Court		Street Address 106 Nayatt Road	
City West Greenwich	State RI	City Barrington	State RI
Zip 02818		Zip 02806	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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 MUST BE COMPLETED	
1,000 Comm No Par Value		Number of Shares 200	Class/Series Common
		Par Value None	

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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 _____

Check No. **FEB 27 2012**

By: **104532 12:30**

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 **JAMES A. GALLO, MD** Date _____

Print or Type Name **JAMES A. GALLO, MD**

Title **PRESIDENT**