



State of Rhode Island and Providence Plantations

Department of State - Business Services Division


Annual Report for the year: 2012 - Second Amended Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS. SVCS. DIV.
2016 DEC 19 AM 11:33

1. Entity ID Number 114491		2. Exact name of the Corporation WEST BAY PSYCHIATRIC ASSOCIATES, LTD.			
3. Principal Office Address 300 Centerville Road, Summit West, Suite 101		City Warwick	State RI	Zip 02886	
4. Business Phone Number 401-732-4500		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island provision of outpatient mental health services					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James A. Gallo			Vice-President Name Charles Denby, II		
Street Address 21 Valley Look Court			Street Address 106 Nyatt Road		
City West Greenwich	State RI	Zip 02817	City Barrington	State RI	Zip 02806
Secretary Name James A. Gallo			Treasurer Name Charles Denby, II		
Street Address 21 Valley Look Court			Street Address 106 Nyatt Road		
City West Greenwich	State RI	Zip 02817	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 200	CLASS/SERIES Common	PAR VALUE None
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 Charles Denby, II, Vice President				Date 12/8/16	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

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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By le



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

Nellie M. Gorbea
Secretary of State

