



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.

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

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

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By le