



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 139304		2. Exact name of the Corporation UNITED PSYCHOTHERAPY ASSOCIATES, INC.			
3. Principal Office Address 1145 Reservoir Avenue			City Cranston	State RI	Zip 02920
4. NAICS Code 62 - Health Care and Social Ass		6. Brief description of the character of business conducted in Rhode Island To provide behavioral health counseling services in an outpatient setting to promote optimal mental health of children, adults and families.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Susan Franchetti			Vice-President Name Susan Franchetti		
Street Address 53 Ricci Drive			Street Address 53 Ricci Drive		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
Secretary Name Susan Franchetti			Treasurer Name Susan Franchetti		
Street Address 53 Ricci Drive			Street Address 53 Ricci Drive		
City North Providence	State RI	Zip 02911	City North Providence	State RI	Zip 02911
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Susan Franchetti			Director Name None		
Street Address 53 Ricci Drive			Street Address		
City North Providence	State RI	Zip 02911	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		300		Common	No Par Value
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 Susan Franchetti					Date 3/1/17
Signature of Authorized Representative <i>Susan Franchetti</i>					FILED SIGN DOCUMENT HERE MAR 20 2017 BY <u>1139005</u>

MAIL TO:
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 Website: www.sos.ri.gov