



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

FILED

NOV 21 2018

BY

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[Signature]

Annual Report for the year: **2018**

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

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

1. Entity ID Number 825612		2. Exact name of the Limited Liability Company Psychiatric Associates, LLC			
3. NAICS Code 621112		4. Brief description of the character of business conducted in Rhode Island Mental health services			
5. State of Formation RI					
6. Principal Office Address 115 High Street		City Bristol		State RI	Zip 02809
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Gina Digati			Contact Title Member		
Street Address 115 High Street			City Bristol		State RI Zip 02809
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name None			Manager Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name None			Manager Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person Gina Digati				Date 11/19/18	
Signature of Authorized Person <i>[Signature]</i>				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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