



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

*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.*

**ANNUAL REPORT YEAR:** 2019

**1. Corporate ID No.** 000100762

**2. Name of Corporation** United Behavioral Health

**3. Street Address Principal Business Office:**

No. and Street: 425 MARKET STREET  
14TH FLOOR

City or Town: SAN FRANCISCO State: CA Zip: 94105 Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: CA

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621420

**6. Brief Description of the Character of Business Conducted in Rhode Island**

PROVIDER OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MARTHA REARDON TEMPLE	185 ASYLUM STREET,CITY PLACE I HARTFORD, CT 06103 USA

TREASURER	PETER MARSHALL GILL	9900 BREN ROAD EAST MINNETONKA, MN 55343 USA
SECRETARY	KATRINA MARI GIEDT	11000 OPTUM CIRCLE EDEN PRAIRIE, MN 55344 USA
DIRECTOR	HEATHER WHITE CATLIN	425 MARKET STREET, FLOORS 12/13/27 SAN FRANCISCO, CA 94105 USA
DIRECTOR	MARTHA REARDON TEMPLE	185 ASYLUM STREET, CITY PLACE I HARTFORD, CT 06103 USA
DIRECTOR	DEWAYNE EDWARD ULLSPERGER	11020 OPTUM CIRCLE EDEN PRAIRIE, MN 55344 USA

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	15,000,000.00	1000

**9. 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.**

**Signed this 22 Day of January, 2019 at 11:55:33 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KELLY LETTMANN  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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