



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

Annual Report for the year: **2019**
Corporation


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

FILED STAMP

AUG 26 2019

BY

6/29/19 PS

1. Entity ID Number 158560		2. Exact name of the Corporation Northeast Behavioral Associates of Rhode Island, Inc.			
3. Principal Office Address 2348 Post Road, Ste. 107		City Warwick		State RI	Zip 02886
4. NAICS Code 621330	6. Brief description of the character of business conducted in Rhode Island Psychological assessment and evaluation.				
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 Peter C. Patch, Psy. D.			Vice-President Name		
Street Address 2348 Post Road, Ste. 107			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Secretary Name Peter C. Patch, Psy. D.			Treasurer Name Peter C. Patch, Psy. D.		
Street Address 2348 Post Road, Ste. 107			Street Address 2348 Post Road, Ste. 107		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Peter C. Patch, Psy. D.			Director Name		
Street Address 2348 Post Road, Ste. 107			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	PAR VALUE		
		100	Common	01	
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. <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 Representative Peter C. Patch, Psy. D.				Date 8/22/2019	
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