



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

FILED

JAN 13 2020

Annual Report for the year: 2020
Corporation

BY 1122

- 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 72811		2. Exact name of the Corporation Delta Consultants of South County, Inc.			
3. Principal Office Address 24 Salt Pond Rd. H-1			City Wakefield	State RI	Zip 02879
4. NAICS Code 621120		6. Brief description of the character of business conducted in Rhode Island Practice management in behavioral health			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Thomas Comiskey			Vice-President Name Jayson J Spas		
Street Address 179 Hampton Way			Street Address 14 Wild Rose Ct		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Elizabeth Ison			Treasurer Name Lizabeth Wolfgang		
Street Address 360 Sweet Allen Farm Rd			Street Address 555 Tillinghast Rd		
City Wakefield	State RI	Zip 02879	City E. Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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	
		0		0	
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 					Date 1/9/2020
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