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2020 FEB 18 P 1:46



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

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

STAMP

FOR
SECRETARY OF STATE
USE ONLY

1. Entity ID Number 139304		2. Exact name of the Corporation UNITED PSYCHOTHERAPY ASSOCIATES, INC.										
3. Principal Office Address 1020 Park Avenue, Suite 108		City Cranston	State RI									
		Zip 02910										
4. NAICS Code 621112	6. Brief description of the character of business conducted in Rhode Island To provide quality 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 63 Ricci Drive		Street Address 63 Ricci Drive										
City North Providence	State RI	City North Providence	State RI									
Zip 02911		Zip 02911										
Secretary Name Susan Franchetti		Treasurer Name Susan Franchetti										
Street Address 63 Ricci Drive		Street Address 63 Ricci Drive										
City North Providence	State RI	City North Providence	State RI									
Zip 02911		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 63 Ricci Drive		Street Address										
City North Providence	State RI	City	State									
Zip 02911		Zip										
Director Name None		Director Name None										
Street Address		Street Address										
City	State	City	State									
Zip		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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>300</td> <td>Common</td> <td>No Par Value</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	300	Common	No Par Value			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
300	Common	No Par Value										
Changes require an additional filing.												
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 1/29/20										
Signature of Authorized Representative <i>Susan Franchetti</i>		SIGN DOCUMENT HERE										

FILED

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FEB 18 2020

BY *Ch Cr 18947*
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FORM 630 - Revised: 10/2017