



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00  
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No <b>114491</b>		2. Name of Corporation <b>WEST BAY PSYCHIATRIC ASSOCIATES, LTD.</b>			
3. Street Address Principal Business Office <b>300 Centreville Road, Suite 101W</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
4. Business Phone No <b>401-732-4600</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island <b>PROVISION OF MENTAL HEALTH SERVICES</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>James A. Gallo</b>			Vice President Name <b>Charles Denby II</b>		
Street Address <b>21 Valley Look Court</b>			Street Address <b>106 Nyatt Road</b>		
City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>Barrington,</b>	State <b>RI</b>	Zip <b>02806</b>
Secretary Name <b>James A. Gallo</b>			Treasurer Name <b>Charles Denby II</b>		
Street Address <b>21 Valley Look Court</b>			Street Address <b>106 Nyatt Road</b>		
City <b>West Greenwich</b>	State <b>RI</b>	Zip <b>02817</b>	City <b>Barrington</b>	State <b>RI</b>	Zip <b>02806</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 COMM NO PAR VALUE</b>			<b>200</b>	<b>common</b>	<b>none</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date 1-31-05  
Check No. 3048  
By: J.C.  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature] Date \_\_\_\_\_  
James A. Gallo  
Print or Type Name of Officer  
President  
Title of Officer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 114491		2. Name of Corporation WEST BAY PSYCHIATRIC ASSOCIATES, LTD.			
3. Street Address Principal Business Office 300 Centerville Road, Suite 101 W			City Warwick	State RI	Zip 02886
4. Business Phone No. 401-732-4600		5. State of Incorporation RHODE ISLAND		6. SIC Code	
7. Brief Description of the Character of Business Conducted in Rhode Island PROVISION OF MENTAL HEALTH SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name James A. Gallo			Vice President Name Charles Denby II		
Street Address 21 Valley Look Court			Street Address 106 Nyatt Road		
City West Greenwich	State RI	Zip 02817	City Barrington	State RI	Zip 02806
Secretary Name James A. Gallo			Treasurer Name Charles Denby, II		
Street Address 21 Valley Look Court			Street Address 106 Nyatt Road		
City West Greenwich	State RI	Zip 02817	City Barrington	State RI	Zip 02806
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			300	common	none

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 4 4 9 1 \*

File Date 2/19/04  
Check No. 2731  
By: W.  
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature] Date 2/19/04  
James A. Gallo  
Print or Type Name of Officer  
President  
Title of Officer

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **114491** 2. Name of Corporation **WEST BAY PSYCHIATRIC ASSOCIATES, LTD.**  
3. Street Address Principal Business Office **300 Centerville Road Suite 101W** City **Warwick** State **RI** Zip **02886**  
4. Business Phone No. **(401) 732-4500** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code  
7. Brief Description of the Character of Business Conducted in Rhode Island  
**Provision of mental health services**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>James A. Gallo</b> Street Address <b>29 Terrace Drive</b> City <b>West Greenwich</b> State <b>RI</b> Zip <b>02817</b>	Vice President Name <b>James Whalen</b> Street Address <b>106 Nyatt Road</b> City <b>Barrington</b> State <b>RI</b> Zip <b>02806</b>
Secretary Name <b>James Whalen</b> Street Address <b>106 Nyatt Road</b> City <b>Barrington</b> State <b>RI</b> Zip <b>02806</b>	Treasurer Name <b>Charles Denby, II</b> Street Address <b>36 Regina Drive</b> City <b>North Scituate</b> State <b>RI</b> Zip <b>02857</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name  Street Address  City State Zip	Director Name  Street Address  City State Zip
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**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000 COMM NO PAR VALUE</b>		

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES	Class/Series	Par Value
<b>300</b>	<b>COMMON</b>	<b>none</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 4 4 9 1 \*

File Date: **3-5-03**  
Check No.: **2349**  
By: **[Signature]**

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.

Signature of Officer: **[Signature]** Date: **2/25/03**  
**James A. Gallo**  
Print or Type Name of Officer  
**President**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 114491 2. Name of Corporation WEST BAY PSYCHIATRIC ASSOCIATES, LTD.  
3. Street Address Principal Business Office 300 Centerville Road Suite 101W City Warwick State RI Zip 02886  
4. Business Phone No. \_\_\_\_\_ 5. State of Incorporation RHODE ISLAND 6. SIC Code \_\_\_\_\_

7. Brief Description of the Character of Business Conducted in Rhode Island  
Provision of mental health services.

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Secretary Name <u>James Whalen</u> Street Address <u>106 Nyatt Road</u> City <u>Barrington</u> State <u>RI</u> Zip <u>02806</u>	Treasurer Name <u>Charles Denby, II</u> Street Address <u>36 Regina Drive</u> City <u>North Scituate</u> State <u>RI</u> Zip <u>02857</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____
Director Name _____ Street Address _____ City _____ State _____ Zip _____	Director Name _____ Street Address _____ City _____ State _____ Zip _____

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares \_\_\_\_\_ Class/Series \_\_\_\_\_ Par Value \_\_\_\_\_  
1,000 COMM NO PAR VALUE

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares \_\_\_\_\_ Class/Series \_\_\_\_\_ Par Value \_\_\_\_\_  
300 common none

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 4 4 9 1 \*

File Date: FILED  
Check No.: JAN 29 2002  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.

[Signature] \_\_\_\_\_ Date \_\_\_\_\_  
Signature of Officer  
James A. Gallo  
Print or Type Name of Officer  
President  
Title of Officer



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **114491** 2. Name of Corporation **WEST BAY PSYCHIATRIC ASSOCIATES, LTD.**  
3. Street Address Principal Business Office **300 Centerville Road Suite 101W, Warwick RI 02886**  
4. Business Phone No. 5. State of Incorporation **RHODE ISLAND** 6. SIC Code

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Provision of mental health services.**

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>James A. Gallo</b>	Vice President Name <b>James Whalen</b>
Street Address <b>29 Terrace Drive</b>	Street Address <b>106 Nyatt Road</b>
City State Zip <b>West Greenwich RI 02817</b>	City State Zip <b>Barrington RI 02806</b>
Secretary Name <b>James Whalen</b>	Treasurer Name <b>Charles Denby, II</b>
Street Address <b>106 Nyatt Road</b>	Street Address <b>36 Regina Drive</b>
City State Zip <b>Barrington RI 02806</b>	City State Zip <b>North Scituate RI 02857</b>

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

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

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 COMM NO PAR VALUE**

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**300 common none**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 4 4 9 1 \*

File Date: 3-30-01  
Check No.: 1516  
By: [Signature]

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.

Signature of Officer [Signature] Date \_\_\_\_\_  
**James Gallo**  
Print or Type Name of Officer  
**President**  
Title of Officer