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

FILED
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SEP 27 2021
BY

Annual Report for the year: 2021
Limited Liability Company
→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company
001702096	**SOUTH COUNTY PSYCHIATRY, LLC**
3. NAICS Code **621112**	4. Brief description of the character of business conducted in Rhode Island **THE OPERATION OF A MEDICAL PRACTICE THAT PROVIDES PSYCHIATRIC SERVICES TO ITS PATIENTS.**
5. State of Formation **RHODE ISLAND**	

6. Principal Office Address	City	State	Zip
420 SCRABBLETOWN ROAD, SUITE A	**NORTH KINGSTOWN**	**RI**	**02852**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
ANTHONY L. GALLO, M.D.	**MEMBER**		
Street Address **420 SCRABBLETOWN ROAD, SUITE A**	City **NORTH KINGSTOWN**	State **RI**	Zip **02852**

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

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 Person	Date
ANTHONY L. GALLO, M. D., MEMBER	9/20/21

Signature of Authorized Person — SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov