



State of Rhode Island

Department of State - Business Services Division

FILED

OCT 20 2021 P

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 825612		2. Exact name of the Limited Liability Company Psychiatric Associates, LLC			
3. NAICS Code 621112		4. Brief description of the character of business conducted in Rhode Island Mental health services			
5. State of Formation RI					
6. Principal Office Address 115 High Street		City Bristol		State RI	Zip 02809
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Gina Digati			Contact Title Member		
Street Address 115 High Street		City Bristol		State RI	Zip 02809
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name None			Manager Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name None			Manager Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 Gina Digati				Date	
Signature of Authorized Person 				10/8/21	

MAIL TO:

Division of Business Services

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