



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Business Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2023

**1. Corporate ID No.** 001709680

**2. Name of Corporation** CHESTER PSYCHOLOGICAL SERVICES, P.A.

**3. Street Address Principal Business Office:**

No. and Street: 13 INKBERRT TRAIL

City or Town: NARRAGANSETT

State: RI

Zip: 02882

Country: USA

**4. Business Phone No.**

2019191297

**5. State of Incorporation**

State: NJ

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621330

**6. Brief Description of the Character of Business Conducted in Rhode Island**

PSYCHOLOGICAL SERVICES

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	ALAN GROVEMAN	13 INKBERRY TRAIL NARRAGANSETT, RI 02882 USA
VICE PRESIDENT	ELSIABETH WENDY BROWN	13 INKBERRY TRAIL NARRAGANSETT, RI 02882 US
OTHER OFFICER	ELISABETH BROWN	13 INKBERRT TRAIL NARRAGANSETT, RI 02882 UNI

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	1,000.00	0

**9. 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.**

**Signed this 20 Day of January, 2023 at 9:02:04 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By ELISABETH WENDY BROWN

Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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