RI SOS Filing Number: 202329878870 Date: 3/2/2023 4:00:00 PM



State of Rhode Island

## **Department of State - Business Services Division**

STAMP

Annual Report for the year: 2023 **Limited Liability Company** 

→ Filing period. February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAR 072 2023

	<u> </u>		<b>1</b>		
1. Entity ID Number 825612	2. Exact name of the Limited Psychiatric Association		BY	M M	
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
621112	Mental Health Service	Mental Health Services			
5. State of Formation					
RI					
6. Principal Office Address		City	State	Zip	
115 High Street		Bristol	RI	02809	
7. Mailing Address of Limite	d Liability Company and Name or 1	litle of Contact Person	•	•	
Cortact Name Gina Digati		Contact Title Member			
Street Address 115 High Street		<sup>City</sup> Bristol	State RI	<sup>Zip</sup> 02809	
8. The Resident Agent infor	mation currently of record with the I	RI Department of State is acc	curate. Changes require	e filing Form 642.	
	l declare and affirm that I have ex tatements contained herein are to		ing any accompanyin	g schedules and	
Name of Authorized Person			Date	Date	
Gina <sub>/</sub> Digati					
Signature of Authorized Per	Mild Sa	87	2/201	123	
•		(			

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov