



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
APR 20 2023 **STAMP**
 BY *[Signature]*
FOR SECRETARY OF STATE USE ONLY

1. Entry ID Number 114491		2. Exact name of the Corporation WEST BAY PSYCHIATRIC ASSOCIATES, LTD.			
3. Principal Office Address 300 Centerville Road, Summit West, Suite 101			City Warwick	State RI	Zip 02886
4. NAICS Code 621420		6. Brief description of the character of business conducted in Rhode Island provision of outpatient mental health services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name NICOLE ALLISON			Vice-President Name		
Street Address 39 West River Street			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
Secretary Name NICOLE ALLISON			Treasurer Name NICOLE ALLISON		
Street Address 39 West River Street			Street Address 39 West River Street		
City Seekonk	State MA	Zip 02771	City Seekonk	State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			100	common	no par value
11. 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.					
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 Representative NICOLE ALLISON, President					Date 4/17/23
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov