



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

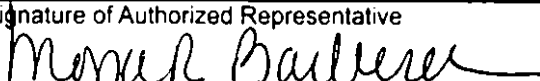
→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FEB 14 2024

247852

1. Entity ID Number 125220		2. Exact name of the Corporation MONA R. BARBERA, Ph.D.INC.	
3. Principal Office Address 341 Broadway		City Providence	State RI
		Zip 02909	
4. NAICS Code 621330	6. Brief description of the character of business conducted in Rhode Island Psychology practice and all other lawful purposes.		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name Mona R. Barbera		Vice-President Name Mona R. Barbera	
Street Address 341 Broadway		Street Address 341 Broadway	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
Secretary Name Mona R. Barbera		Treasurer Name Mona R. Barbera	
Street Address 341 Broadway		Street Address 341 Broadway	
City Providence	State RI	City Providence	State RI
Zip 02909		Zip 02909	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name n/a		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment ☐	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		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 Mona R. Barbera., President			Date 2/8/2024
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov