



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	Zip 02909	City Providence	State RI	Zip 02909
Secretary Name Mona R. Barbera			Treasurer Name Mona R. Barbera		
Street Address 341 Broadway			Street Address 341 Broadway		
City Providence	State RI	Zip 02909	City Providence	State RI	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	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 100	CLASS/SERIES common	PAR VALUE 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
Phone: (401) 222-3040
Website: www.sos.ri.gov