State of Rhode Island

Annual Report for the year: 2024

Department of State - Business Services Division

→ Filing period: February 1 - N	Corporation ———				FEB 1 4 2024			
Filing period: February 1 - May 1			PES 14 2024					
Filing Fee: \$50.00				$\gamma_{\rm t}$	1 hr	λ Ψ		
→ Penalty: Additional \$25.00 fe				\sim	<u> 14</u>	<u> </u>		
Entity ID Number	2. Exact name of the Corporation							
125220	MONA R. BARBERA, Ph.D.INC.							
Principal Office Address			City		State	Zip		
341 Broadway			Provid	ence	RI	02909		
4. NAICS Code	Brief description	on of the characte	r of busines	ss conducted in Rhode Is	sland			
621330	Psychology practice and all other lawful purposes.							
5. State of Incorporation								
Rhode Island								
7. List ALL officers (names and add	resses)			Check the bo	x to indi	cate 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 Prov			RI 02909		
Secretary Name Mona R. Barbe	 га		Treasurer	Name Mona R. Barb		102909		
Street Address 341 Broadway			Street Address 341 Broadway					
341 Bloadway	Ciata	Ta:-			Io.			
^{City} Providence	State RI	^{Zip} 02909	Prov	vidence	State F	RI 02909		
List ALL directors (names and ad	dresses)	· ··			ox to indi	cate an attachment 🔲		
Director Name n/a				Director Name				
Circuit Address			 -	2000		~~~		
Street Address			Street Add	1622				
City	State	Zip	Street Add		State	Zip		
	State	Zip	<u> </u>		State	Zip		
City	State	Zip	City	ame	State	Zip		
City Director Name Street Address			City Director Na Street Add	ame				
City Director Name	State	Zip	City Director Na	ame	State	Zip		
City Director Name Street Address City 9. Shares Authorized	State	Zip 10. Shares Issue	City Director Na Street Add City	ress Check the b	State ox to indi	Zip icate an attachment		
City Director Name Street Address City 9. Shares Authorized This information is currently of record	State	Zip 10. Shares Issue NUMBER OF SI	City Director Na Street Add City	ame ress	State ox to indi	Zip		
City Director Name Street Address City 9. Shares Authorized	State	Zip 10. Shares Issue	City Director Na Street Add City	ress Check the b	State ox to indi	Zip icate an attachment		
City Director Name Street Address City 9. Shares Authorized This information is currently of record	State	Zip 10. Shares Issue NUMBER OF SI	City Director Na Street Add City	Check the b	State ox to indi	Zip icate an attachment PAR VALUE		
City Director Name Street Address City 9. Shares Authorized This information is currently of record Department of State. Changes require an additional filing.	State d in the behalf of the corr	10. Shares Issue NUMBER OF SI 100 poration by an aut	City Director Na Street Add City ed HARES	Check the b CLASS/SFRIES COMMON	State ox to indi	icate an attachment PAR VALUE		
City Director Name Street Address City 9. Shares Authorized This information is currently of record Department of State. Changes require an additional filing. 11. This report must be executed on ceiver or trustee, this report must be Under penalty of perjury, I declared.	State d in the behalf of the core executed on beh e and affirm that	2ip 10. Shares Issue NUMBER OF SI 100 poration by an authalf of the corporal in have examined	City Director Na Street Add City Add HARES	Check the b CLASS/SFRIES COMMON	State ox to indi	Zip icate an attachment PAR VALUE no par value in the hands of a re-		
City Director Name Street Address City 9. Shares Authorized This information is currently of record Department of State. Changes require an additional filing. 11. This report must be executed on ceiver or trustee, this report must be Under penalty of perjury, I declare statements, and that all statements.	State d in the behalf of the core executed on beh e and affirm that ts contained her	2ip 10. Shares Issue NUMBER OF SI 100 poration by an authalf of the corporal in have examined	City Director Na Street Add City Add HARES	Check the b CLASS/SFRIES COMMON	State ox to indicate a state of the state o	Zip icate an attachment PAR VALUE no par value in the hands of a re-		
City Director Name Street Address City 9. Shares Authorized This information is currently of record Department of State. Changes require an additional filing. 11. This report must be executed on ceiver or trustee, this report must be Under penalty of perjury, I declared.	State d in the behalf of the cone executed on behalf affirm that ts contained her	2ip 10. Shares Issue NUMBER OF SI 100 poration by an authalf of the corporal in have examined	City Director Na Street Add City Add HARES	Check the b CLASS/SFRIES COMMON	State ox to indi	Zip icate an attachment PAR VALUE no par value in the hands of a re-		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone**: (401) 222-3040

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