RI SOS Filing Number: 202450536490 Date: 4/8/2024 4:00:00 PM

TOP TO
TH.
100

State of Rhode Island

Department of State - Business Services Division

FILED

APR X 8 2024

Annual Report for the year: 2024

Non-Profit Corporation

- → Filing period: February 1 May 1
- → Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee it	f form is not filed	by May 31.				
1. Entity ID Number 000029720	2. Exact name of the Corporation					
	.	West Bay Residential Services, Inc.				
3. State of Incorporation	Brief description of the character of business conducted in Rhode Island					
Rhode Island	Community supports for Developmentally Disabled					
4. NAICS Code	7					
623210				•		
6. Principal Office Address			City	State	Zip	
158 Knight Street			Warwick	R!	02886	
7. List ALL officers (names and ad	dresses)			k the box to indicate a	in attachment	
President Name Ralph Orleck			Vice-President Name Pam Goes			
Street Address 48 West Bel Air Road			Street Address 235 Dodge Street			
^{City} Cranston	State RI	^{Zip} 02920	City Warwick	State RI	^{Zip} 02886	
Secretary Name Rebecca Beaton			Treasurer Name Gretta L. Jacobs			
Street Address 115 Claypool Drive			Street Address 203 Wardlaw Avenue			
^{City} Warwick	State RI	^{Zip} 02886	^{City} Providence	State RI	^{Zip} 02908	
8 List ALL directors (names and a	iddresses). RI C	orporations MUST		ck the box to indicate a	— an attachment. ✓	
Director Name Jill K. Goodman			Director Name Karen Flynn			
Street Address 6 Starling Way			Street Address 144 Rangley Road			
^{City} West Warwick	State RI	^{Zip} 02893	^{City} Cranston	State RI	^{Zip} 02920	
Director Name William Friedman			Director Name Kenneth Beaton			
Street Address 222 Tiffany Avenue			Street Address 23 Gould Place			
^{City} Warwick	State RI	^{Zip} 02889	City East Greenwich	State RI	^{Zip} 02818	
9. The Registered Agent information	on of record with	the RI Department	t of State is accurate. Changes rec	quire filing Form 64	1	
Under penalty of perjury, I decla statements, and that all stateme				ompanying sched	ules and	
This report must be signed by either the Pre	esident, Vice-Preside	ent, Secretary, Assistant S	Secretary, Treasurer, duly Authonzed Repres	sentative, Receiver or Tru	istee	
Name of Officer/Authorized Repre	sentative			Date		
Casey Gartland				03/27/2024		
Signature of Officer/Athorized Re	presentative					

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov West Bay Residential Services, Inc. Directors (Continued from Page 1)

Kathy Millard 113 Seaview Avenue Swansea, MA 02777

Marc Smith 95 Whipple Avenue Cranston, RI 02920