



State of Rhode Island
Department of State - Business Services Division

FILED

APR X 8 2024

BY: *[Signature]* 3/31/2024

Annual Report for the year: **2024**

Non-Profit Corporation _____

→ Filing period: February 1 - May 1

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if 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 Rhode Island		5. Brief description of the character of business conducted in Rhode Island Community supports for Developmentally Disabled			
4. NAICS Code 623210					
6. Principal Office Address 158 Knight Street			City Warwick	State RI	Zip 02886
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name Jill K. Goodman			Director Name Karen Flynn		
Street Address 6 Starling Way			Street Address 144 Ranglely 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 of record with the RI Department of State is accurate. Changes require filing Form 641					
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.					
<i>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative Casey Gartland					Date 03/27/2024
Signature of Officer/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

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