



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 001681236

2. Name of Corporation Rhode Island Psychological Institute

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code
621330

4. Principal Office Address

No. and Street: 1035 POST RD
City or Town: WARWICK State: RI Zip: 02888 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

TO PROVIDE PSYCHOLOGICAL THERAPEUTIC AND EVALUATIVE SERVICES

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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PRESIDENT	ALEX TURCHETTA	44 HOLLY HILL LN CRANSTON, RI 02921 USA
TREASURER	ROSS DAVID COLARDO	4849 GABLE GARDENS DRIVE BOYNTON BEACH, FL 33436 USA
SECRETARY	LOUIS WILLIAM TURCHETTA	30 KILEY WAY COVENTRY, RI 02816 USA
DIRECTOR	ROSS COLARDO	4849 GABLE GARDENS DRIVE BOYNTON BEACH , FL 33436 USA
DIRECTOR	ALEX TURCHETTA	44 HOLLY HILL LANE CRANSTON, RI 02921 USA
DIRECTOR	LOUIS WILLIAM TURCHETTA	30 KILEY WAY COVENTRY, RI 02816 US

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

LOUIS TURCHETTA 1035 POST ROAD WARWICK , RI 02888

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 16 Day of February, 2025 at 2:10:46 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ALEX TURCHETTA
Signature of Authorized Person

Form No. 631
Revised 09/07

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