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State of Rhode Island Office of the Secretary of State

Fee: \$50.00

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

Professional Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2025**: <u>2025</u>

1. Corporate ID No. 000163557

2. Name of Corporation Sally L. Mayo, Ph.D., LTD

3. Street Address Principal Business Office:

No. and Street: 32 MIDDLE HIGHWAY

BARRINGTON

City or Town: BARRINGTON State: RI Zip: 02806 Country: USA

4. Business Phone No.

4015730954

5. State of Incorporation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.

621112

6. Brief Description of the Character of Business Conducted in Rhode Island

HEALTH CARE PROVIDER: CLINICAL PSYCHOLOGY

PLEASE NOTE DELETE 295 ANGELL ST. PROVIDENCE RI 02906 ADDRESS

ONE ADDRESS ONLY IS CURRENT
32 MIDDLE HIGHWAY BARRINGTON, RI 02806

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country	
PRESIDENT	SALLY L MAYO	7 MASSACHUSETTS AVE, BARRINGTON, BARRINGTO BARRINGTON, RI 02806 USA	
PRESIDENT	SALLY L. L MAYO	32 MIDDLE HIGHWAY BARRINGTON, RI 02906 UNI	
SALLY L. MAYO, PH.D., LTD	SALLY L MAYO	7 MASSACHUSETTS AVE BARRINGTON, RI 02806 USA	
OTHER OFFICER	SALLY L. MAYO	,	

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
STK		\$0.0100	100.00	100

9. 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.

Signed this 6 Day of March, 2025 at 4:22:57 PM. 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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By SALLY L. MAYO

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07