RI SOS Filing Number: 202566802450 Date: 3/6/2025 4:00:00 PM



Annual Report for the year: 2025

Limited Liability Company

→ Filing period: February 1 - May 1
→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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Entity ID Number	2. Exact name of the Limi	2. Exact name of the Limited Liability Company				
825612	Psychiatric Asso	Psychiatric Associates, LLC				
3. NAICS Code 621112	4. Brief description of the character of business conducted in Rhode Island Mental Health Services					
5. State of Formation RI						
6. Principal Office Address		City	State	Zip		
115 High Street		Bristol	RI	02809		
7. Mailing Address of Limite	ed Liability Company and Name	or Title of Contact Person		•		
Contact Name Gina M. Digati, Trustee		Contact Title Member				
Street Address 115 High Street		City Bristol	State RI	<sup>Zip</sup> 02809		
8. The Resident Agent info	mation currently of record with t	he RI Department of State is acc	curate. Changes requir	e filing Form 642.		
	l declare and affirm that I have tatements contained herein ar		ing any accompanyin	g schedules and		
Name of Authorized Persor	1		Date	Date		
Gina M. Digati Trust	ee of the Gina M. Digati	Trust dated October 16,	2023			
Signature of Authorized Pe	rson Jack	1				
7	1	1				

MAIL TO:

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

Phone: (401) 222-3040 **Website:** www.sos.ri.gov