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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.

					
Entity ID Number	2. Exact name of the Limited Liability Company				
825612	Psychiatric Associates, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
621112	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 Limited	Liability Company and Name or Titl				
Contact Name Gina M. Digati, Trustee		Contact Title Member			
Street Address 115 High Street		City Bristol	State RI	^{Zip} 02809	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
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.					
Name of Authorized Person			Date	Date	
Gina M. Digati Truste	e of the Gina M. Digati Trus	st dated October 16	, 2023		
Signature of Authorized Pers	San Descent				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov