

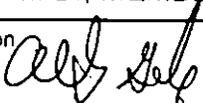


State of Rhode Island  
Department of State - Business Services Division

**FILED**  
APR 07 2025  
BY 6303

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.

1. Entity ID Number <b>001702096</b>		2. Exact name of the Limited Liability Company <b>SOUTH COUNTY PSYCHIATRY, LLC</b>			
3. NAICS Code <b>621112</b>		4. Brief description of the character of business conducted in Rhode Island <b>THE OPERATION OF A MEDICAL PRACTICE THAT PROVIDES PSYCHIATRIC SERVICES TO ITS PATIENTS.</b>			
5. State of Formation <b>RHODE ISLAND</b>					
6. Principal Office Address <b>420 SCRABBLETOWN ROAD, SUITE A</b>			City <b>NO. KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>ANTHONY L. GALLO, M.D.</b>			Contact Title <b>MEMBER</b>		
Street Address <b>420 SCRABBLETOWN RD, SUITE A</b>			City <b>NO. KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. <i>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>					
Name of Authorized Person <b>ANTHONY L. GALLO, M. D., MEMBER</b>				Date <b>3/28/25</b>	
Signature of Authorized Person 					

**MAIL TO:**  
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