

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 - Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law

R.I.G.L. 7-16-66 (be									
1. 10 No. 152879		act name of the flimited flability company nela Stanton, LCSW, LLC							
		4. Brief description of the character of the business which is actually conducted in Rhode Island							
			iess wnich is actually conducted in knode island						
Rhode Island		consulting se	rvices						
5. Principal office address				City	State		Zip		
208 Governor Street				Providence	RI	see a se se	02906		
	DRESS OF L	IMITED LIABI	LITY COMPANY AND	NAME OR TITLE OF CONTA	CT PERSON:				
Contact Nume Pamela S. Stanton				Contact Title					
	nion						T		
Sirvet Address				City Providence	State		Zip		
:08 Governor.s	08 Governor.Street				RI		02906		
7. NAME AND A	DDRESS OF			LIABILITY COMPANY, IF A			MEMBERS	3	
		FILL IN S	SPACES BEFORE USIN	G ATTACHMENTS ("X" BOX	FOR ATTACHMENT)				
Munager Name				Manager Name					
				The second of the second					
Street Address				Street Address					
City		State	Zip	City	State		Zip		
Manager Name	***************************************	!	*************************	Manager Name	***********************		. **************	********	
Street Address				Street Address	Street Address				
City		State	Zip	City	State		Zip		
CHIA		Sittle	2,9	i chey	June		Z.ip		
8. RESIDENT AC	SENT IN RH	i ODE ISLAND	I - DO NOT ALTER - CI	: nanges require filing of For	m 642 - R.I.G.L. 7-	16-11	L		
Agent Name			· · · · · · · · · · · · · · · · · · ·	Address	. =		5 · · · · · ·		
Michael F. Sw	eeney, Esc	<b>.</b>							
Address				Cily	Zip				
One Turks Head Place, Suite 1200				Providence	02903		7.3		
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							2	23.5	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

152879

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File Date	NOV 2 7 2007
Check No.	- 9 M/2072
Ву:	By 097073 2
	FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person

Pamela S. Stanton

Print or Type Name of Authorized Person

Form 632 Rev. 07/07