



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 136517		2. Exact name of the limited liability company CLANCY COUNSELING SERVICES, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PROVIDE INDIVIDUAL AND FAMILY THERAPY			
5. Principal office address 1087 Warwick Avenue		City Warwick	State RI	Zip 02888	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name ROBIN M. CLANCY			Contact Title Manager		
Street Address 1087 Warwick Avenue		City Warwick	State RI	Zip 02888	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name ROBIN M. CLANCY			Manager Name		
Street Address 178 Brandy Brook Road		Street Address			
City North Scituate	State RI	Zip 02857	City	State	Zip
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name JOSEPH R. MILLER, ESQ.			Address MILLER & CAINE, L.L.P.		
Address 40 WESTMINSTER STREET, SUITE 305		City PROVIDENCE	Zip 02903-		

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

10/12/07 1:35

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.

Robin M. Clancy 10/12/07
Signature of Authorized Person Date

Robin M. Clancy, Manager

Print or Type Name of Authorized Person

File Date	1-15-08
Check No.	5880
By:	<i>mnc</i>
FOR SECRETARY OF STATE USE ONLY	