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 2008

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.	2. Exact name of the limited liability company		
117017	Diagnostic Evaluation Institute, LLC		
3. State of Formation	**4. Brief description of the character of the business which is actually conducted in Rhode Island**		
RI	substance abuse treatment clinic		
5. Principal office address	**City**	**State**	**Zip**
580 Ten Rod Road	North Kingstown	RI	02852

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
John P. Femino			
Street Address	**City**	**State**	**Zip**
580 Ten Rod Road	North Kingstown	RI	02852

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) ☐

Manager Name	Manager Name		
John P. Femino			
Street Address	**Street Address**		
580 Ten Rod Road			
City / **State** / **Zip**	**City**	**State**	**Zip**
North Kingstown / RI / 02852			
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	Address	
Peter J. Rotelli, Esq.		
Address	**City**	**Zip**
One James Street	Providence	RI

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

[redacted] 117017 [redacted]

File Date	10-22-08
Check No.	2441
By:	MMC

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.

[redacted] [redacted]

Signature of Authorized Person — *Date* 10-13-08

JOHN P. FEMINO

Print or Type Name of Authorized Person

Form 632 Rev. 07/07