RI SOS Filing Number: 200951508190 Date: 09/18/2009 4:00 PM

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 2009

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
156818	Healing Minds, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Rhode Island	Real Estate ownership and management

5. Principal office address	City	State	Zip
1130 Ten Rod Road, Suite F203	North Kingstown	RI	02852

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

Contact Name	Contact Title
Debra A. Curley	Member

Street Address	City	State	Zip
1030 Ten Rod Road, Suite F203	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
Street Address	Street Address
City / State / Zip	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	Address	City	Zip
John S. DiBona, Esq.	145 Phenix Avenue	Cranston	02920

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

[redacted] 156818 [redacted]

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.

Debra Curley 9-14-09
Signature of Authorized Person *Date*

[redacted]
Debra A. Curley, Member
Print or Type Name of Authorized Person

File Date 9-18-09
Check No. 1360
By: MNC

FOR SECRETARY OF STATE USE ONLY
38308-6 431836

Form 632 Rev. 07/07