



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* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

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. <u>485445</u>		2. Exact name of the limited liability company <u>PATHWAYS WELLNESS CENTER, LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of the business which is actually conducted in Rhode Island <u>PSYCHOTHERAPY PRACTICE</u>			
5. Principal office address <u>60 BAY SPRING AVE B1</u>		City <u>BARRINGTON</u>	State <u>RI</u>	Zip <u>02806</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>HOLLIS BURKHART</u>		Contact Title <u>OWNER</u>			
Street Address <u>PATHWAYS 60 BAY SPRING AVE B1</u>		City <u>BARRINGTON</u>	State <u>RI</u>	Zip <u>02806</u>	
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

This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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

FILED

File Date OCT 07 2009

Check No. By 1103

By: _____

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 statement contained herein are true and correct.

Hollis Burkhart 10/5/09
Signature of Authorized Person Date

HOLLIS BURKHART
Print or Type Name of Authorized Person