RI SOS Filing Number: 200952493080 Date: 10/14/2009 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* • **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.*

ENTITY ID# 152650

1. ID No.	2. Exact name of the limited liability company:
152650	CREATIVE COUNSELING SERVICES, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RI	PSYCHIATRIC COUNSELING

5. Principal office address	City	State	Zip
23 NORTH RD.	PEACE DALE	RI	02883

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

Contact Name	Contact Title
MICHELE McNEIECE, LICSW	COUNSELOR

Street Address	City	State	Zip
10 CALEF AVE.	NARRAGANSETT	RI	02882

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
NO MANAGERS MICHELE McNEIECE	
Street Address	Street Address
10 CALEF AVE.	
City / State / Zip	City / State / Zip
NARRAGANSETT RI 02882	
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).

[redacted]

[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.

10-05-09
Signature of Authorized Person *Date*

[redacted] MICHELE McNEIECE, LICSW
Print or Type Name of Authorized Person

File Date	FILED
Check No.	OCT 14 2009
By:	By 629

FOR SECRETARY OF STATE USE ONLY
39106-22-439535

Form 632 Rev. 08/08