

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010**

**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.<br>505748                            |       | 2. Exact name of the limited liability company<br>Perspective Matters, LLC   |                       |             |              |
| 3. State of Formation<br>RI                    |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Mental Health Counselor |                       |             |              |
| 5. Principal office address<br>298 Walden Ave. |       |  | City<br>N. Kingstown  | State<br>RI | Zip<br>02852 |
| Contact Name<br>Carol A. Hockensmith           |       |  | Contact Title<br>RMHC |             |              |
| Street Address<br>298 Walden Ave.              |       |  | City<br>N. Kingstown  | State<br>RI | Zip<br>02852 |
| 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          |

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

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

SEP 22 2010

By Mme  
CR #1043

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.

Carol A. Hockensmith 9/22/10  
Signature of Authorized Person Date

Carol A. Hockensmith  
Print or Type Name of Authorized Person