RI SOS Filing Number: 201184583640 Date: 10/27/2011 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 2011

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.	2. Exact name of the limited liability company		
123580	KYLE HOPKINS MSW LLC		
3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island		
RI	PSYCHIATRIC THERAPY		
5. Principal office address	City	State	Zip
99 SLEEPY HOLLOW RD	EAST GREENWICH	RI	02818

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

Contact Name	Contact Title		
DAVE HUNTOON	CPA		
Street Address	City	State	Zip
240 CHESTNUT ST	WARWICK	RI	02888

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
NONE	
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

FILED
OCT 27 2011 2 PM
By CK# 1068
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RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2011 OCT 27 PM 2:00

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

[redacted] 123580 [redacted]

[redacted]
Fee Chg
Check No
By
FOR SECRETARY OF STATE USE ONLY
69013-8-691884

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.

Dave Huntoon 10/4/11
Signature of Authorized Person *Date*

[redacted] DAVE HUNTOON, CPA
Print or Type Name of Authorized Person

Form 632 Rev. 08/08