



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2011

1. ID No. 000541042

2. Exact Name of the Limited Liability Company Psychological & Educational Services LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

The general character of the business of the LLC is to assist in providing evaluation services for education and mental health issues; and to carry on any lawful business, trade, purpose or activity relating to such educational and mental health issues.

5. Principal Office Address

No. and Street: 1351 SOUTH COUNTY TRAIL, BLDG 1, SUITE 110

City or Town: EAST GREENWICH

State: RI Zip: 02818 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: DIANE L. WHIPPLE, PH.D. Contact Title: MANAGER

No. and Street: 1351 SOUTH COUNTY TRAIL, BLDG 1 SUITE 110

City or Town: EAST GREENWICH

State: RI Zip: 02818 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
-------	--	--

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

DIANE L. WHIPPLE PHD 1575 TARKILN ROAD HARRISVILLE , RI 02830

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

Signed this 25 Day of November, 2011 at 10:24:38 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By DIANE L. WHIPPLE, PH.D.
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2011 State of Rhode Island and Providence Plantations
All Rights Reserved