



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

A. Ralph Mollis, Secretary of State  
Corporations Div.  
148 W. River St  
Providence, RI 02904-2  
#01.222.3

**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. 546581		2. Exact name of the limited liability company Donna Benedict Counseling Services LLC			
3. State of Formation RI		4. Brief description of the character of the business which is actually conducted in Rhode Island individual, couple and family counseling			
5. Principal office address 1020 Park Avenue			City cranston	State RI	Zip 02910
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Donna Benedict			Contact Title director		
Street Address 1020 Park Avenue			City cranston	State RI	Zip 02910
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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					

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SECRETARY OF STATE  
CORPORATIONS DIV  
2012 JAN -3 AM 10:11

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

546581

FILED

File Date	JAN 23 2012
Check No.	By <u>MMC</u>
By:	7923
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 statements contained herein are true and correct.

Donna Benedict <sup>6</sup> 10/20/2011  
Signature of Authorized Person Date  
DONNA BENEDICT  
Print or Type Name of Authorized Person