

## STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

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## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 · This report must be typed or printed legibly.

Filing Fee: \$50.00 · FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 127889	2. Exact name of the limited liability company JANE VIEIRA-IEMMA, LICSW, LLC					
3. State of Formation	Brief description of the character of business conducted in Rhode Island     Outpatient Psychotherapy Services					
5. Principal office address 75 Sockanossett Crossroads, Suite 208			City Cranston	State RI	Zip <b>02920</b>	
Contact Name  Jane Vieira-lemma			Contact Title Member			
Street Address 75 Sockanossett Crossroads, Suite 208			City Cranston	State RI	Zip <b>02920</b>	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
in services This information is curren	ntly of record in th	e Office of the Sec	retary of State. Changes require	e filing Form 642.		

**FILED** 

OCT 1 1 2013

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.

Signature of Authorized Person

Date

Jane Vieira-lemma

Print or Type Name of Authorized Person

Form No. 632 Revised: 01/2012