| State of Rhode Island and Providence Plantations Fee: \$50.<br>Office of the Secretary of State   |   |                       |                            |
|---|---|-----------------------|----------------------------|
| Secretary of State  | Division Of Business<br>148 W. River St<br>Providence RI 0290<br>(401) 222-304            | reet<br>4-2615        |                            |
| Limited Liability Com<br>Annual Report<br>Filing Period: September 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: 2013  |   |                       |                            |
| 1. ID No. <u>000550992</u>  |   |                       |                            |
| 2. Exact Name of the Limited Liability Company Cooper SLP, LLC  |   |                       |                            |
| 3. State of Formation   |   |                       |                            |
| State: <u>RI</u>  |   |                       |                            |
| 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island<br><u>SPEECH/LANGUAGE THERAPY SERVICES</u>  |   |                       |                            |
| 5. Principal Office Addres  | SS  |                       |                            |
|   | <u>B DEVIN DRIVE</u><br><u>RTSMOUTH</u> State: <u>R</u>                                   | Zip: <u>02871</u>     | Country: <u>USA</u>        |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:  |   |                       |                            |
| No. and Street: <u>148</u>  | <u>K. COOPER</u> Contact Title:<br><u>DEVIN DRIVE</u><br><u>RTSMOUTH</u> State: <u>RI</u> | Zip: <u>02871</u>     | Country: <u>USA</u>        |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.<br>DO NOT LIST MEMBERS   |   |                       |                            |
| Title   | Individual Name   |                       | dress                      |
|   | First, Middle, Last, Suffix   | Address, City or Town | , State, Zip Code, Country |
| 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER<br>Changes Require Filing of Form 642 - R.I.G.L. 7-16-11   |   |                       |                            |
| GREGORY F. FATER, ESQ. 55 MEMORIAL BOULEVARD NEWPORT, RI 02840  |   |                       |                            |
| 9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).   |   |                       |                            |

**Signed this 24 Day of October, 2013 at 9:37:48 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 JUDITH K. COOPER

Signature of Authorized Person

Form No. 632 Revised 09/07

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