

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

148 W. River Street, Providence, Rhode Island 02904-2615

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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.		2. Exact name of the limited liability company						
686160	Psychol	Psychological Associates of New England, LLC						
3. State of Formation	4. Brief des	4. Brief description of the character of business conducted in Rhode Island						
Rhode Island	Psychol	Psychological counseling						
5. Principal office address 10 Dorrance Street,	Suit 700		City Providence	State RI	Zip <b>02903</b>			
		Literary Comment		ESPECIAL STATE OF THE STATE OF				
Contact Name Romina Dragone-Hy	yde		. Contact Title					
Street Address 10 Dorrance Street,	Suite 700		City Providence	State RI	Zlp <b>02903</b>			
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Manager Name			Manager Name	3010				
Street Address			Street Address	······································				
City	State	Zip	City	State	Zip			
Manager Name	··		Manager Name	<del> </del>				
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This information is curren	tly of record in th	e Office of the Seci	retary of State. Changes require fl	ling Form 642.				

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Form No. 632 Revised: 01/2012

2013 OCT 28	SECR. TRAY
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3: <del>  </del>	DIATE

Under penalty of partury, I declare and affirm that I have at this report, including any accompanying schedules and si and that all statements contrained herein are true and corn	kamined
this report, including any accompanying schedules and si	atements.
and ther all statements centrained herein are true and corn	oct.

ture of Authorized Person

Romina Dragone-Hyde:

Print or Type Name of Authorizzed Person