

## 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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

## 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.

3. State of Formation Rhode Island  4. Brief description of the character of business conducted in Rhode Island To provide psychiatric counseling and any other lawful purpose.  5. Principal office address 184 Waterman Street City Providence Ri 02906  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Barry W. Wall, M.D.  Street Address 184 Waterman Street City Providence Ri 02906  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMB ("X" BOX FOR ATTACHMENT)  Manager Name  Street Address City State Zip Manager Name  Street Address	1, Entity ID No. <b>787856</b>	2. Exact name of the limited liability company  Barry W. Wall, M.D., LLC							
To provide psychiatric counseling and any other lawful purpose.  5. Principal office address 184 Waterman Street  6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  Contact Name Barry W. Wall, M.D.  Street Address 184 Waterman Street  7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMB ("X" BOX FOR ATTACHMENT)  Manager Name  Street Address  City State Zip O2906  Street Address	707000								
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Street Address  City State Zip City Manager Name  Street Address  Street Address  Street Address			RESSES) OF THE	LIMITED LIABILITY COMPANY, II	FAPPLICABLE - <u>Do</u>	NOT LIST MEMBERS			
City State Zip City State Zip  Manager Name  Street Address  Street Address	Manager Name	<del></del>	,	Manager Name	Manager Name				
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	Manager Name			Manager Name	Manager Name				
City State Zip City State Zip	Street Address			Street Address	Street Address				
	City	State	Zip	City	State	Zip			
8. RESIDENT AGENT IN RHODE ISLAND	8. RESIDENT AGENT IN F	HODE ISLAND							
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.	This information is currer	ntly of record in th	e Office of the Secr	etary of State. Changes require	filing Form 642.				

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File Date		ey_2355		Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statemen		
Check No				and that all statements contained herein are true and correct.		
CHECK NO _						
By:	٠.			Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY		Barry W. Wall, M.D.				
FUR SECRETARY OF STATE USE ORLY				Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012