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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
164643	KELLEY FARIA, LMHC, INC.

3. Principal office address	City	State	Zip
2699 POST ROAD, 2ND FLOOR, SUITE D	WARWICK	RI	02886

4. Business Phone No.	5. State of Incorporation
4018267300	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
mental health counseling

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name: KELLEY FARIA			Vice-President Name: NONE		
Street Address: 17 HENRY STREET			Street Address:		
City: EAST PROVIDENCE	State: RI	Zip: 02914	City:	State:	Zip:
Secretary Name: KELLEY FARIA			Treasurer Name: KELLEY FARIA		
Street Address: 17 HENRY STREET			Street Address: 17 HENRY STREET		
City: EAST PROVIDENCE	State: RI	Zip: 02914	City: EAST PROVIDENCE	State: RI	Zip: 02914

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name: KELLEY FARIA			Director Name: NONE		
Street Address: 17 HENRY STREET			Street Address:		
City: EAST PROVIDENCE	State: RI	Zip: 02914	City:	State:	Zip:
Director Name: NONE			Director Name: NONE		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

2014 MAR -3 PM 1:45
SECRETARY OF STATE
CORPORATIONS DIV

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.
See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	COMMON	NO PAR VALUE

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FOR SECRETARY OF STATE USE ONLY
File Date:
Check No: 1225
By:

FILED
MAR 0 3 2014
On 218937

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 Representative — Date: 2/4/14

KELLEY FARIA
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012