



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 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: 2014

1. ID No. 000792468

2. Exact Name of the Limited Liability Company Compass Rose Psychiatry, LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Outpatient psychiatric mental health treatment.

5. Principal Office Address

No. and Street: 11 KING CHARLES DRIVE, UNIT A2

City or Town: PORTSMOUTH

State: RI Zip: 02871 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: SARAH BUCK-HERDRICH Contact Title: OWNER

No. and Street: 11 KING CHARLES DR

UNIT A2

City or Town: PORTSMOUTH

State: RI Zip: 02871 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

SARAH BUCK-HERDRICH 11 KING CHARLES DRIVE, UNIT A2 PORTSMOUTH , RI 02871

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 2 Day of September, 2014 at 9:48:31 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 SARAH BUCK-HERDRICH, MS RN PMHCNS-BC
Signature of Authorized Person

Form No. 632
Revised 09/07

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