



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 **2014**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

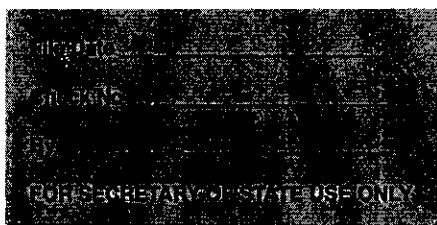
Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

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|--|-------|--|---------------------------|--------------------|---------------------|
| 1. Entity ID No. 793644 | | 2. Exact name of the limited liability company Christine Pastore Rhodes, LLC | | | |
| 3. State of Formation Rhode Island | | 4. Brief description of the character of business conducted in Rhode Island Provide individual and group psychotherapy | | | |
| 5. Principal office address One Richmond Square, Suite 223W | | | City Providence | State RI | Zip 02906 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON | | | | | |
| Contact Name Christine Pastore Rhodes | | | Contact Title | | |
| Street Address One Richmond Square, Suite 223W | | | City Providence | State RI | Zip 02906 |
| 7. IDENTIFY MANAGERS (NAMES AND ADDRESSES OF THE LIMITED LIABILITY COMPANY) IF APPLICABLE - DO NOT LIST MEMBERS (12) BOX FOR ATTACHMENT <input type="checkbox"/> | | | | | |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Manager Name | | | Manager Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 8. RESIDENT AGENT IN RHODE ISLAND | | | | | |
| This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642. | | | | | |

FILED

OCT 06 2014

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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.

Christine Pastore Rhodes
 Signature of Authorized Person

10.1.2014
 Date

Christine Pastore Rhodes

Print or Type Name of Authorized Person