



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.

1. Entity ID No. <u>00787791</u>		2. Exact name of the limited liability company <u>Tsalagi Psychotherapy, LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>Mental Health</u>			
5. Principal office address <u>135 Woodbine Rd</u>		City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>MARILYN KAYSER ASHER</u>		Contact Title <u>President</u>			
Street Address <u>135 Woodbine Rd</u>		City <u>Wakefield</u>	State <u>RI</u>	Zip <u>02879</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" 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 29 2014

BY 5174

File Date _____
 Check No _____
 By _____
 FOR SECRETARY OF STATE USE ONLY

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.

Marilyn Kayser Asher 10/20/14
 Signature of Authorized Person Date

Marilyn Kayser Asher
 Print or Type Name of Authorized Person