

Nellie M. Gorbea, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _

2015

Filing Period: September 1 - November 1 • Filing Fee: \$50.00* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.
*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.

3. State of Formation Rhode Island	#. Brief des individua consultat	I therapy, couples	be business which is actually cond counseling, diagnostic	lucted in Rhode Island and academic as	sessment, and
5. Principal office address 535 Centerville Rd., Suite 302A			City Warwick	State RI	Zip 02886
r vi					02000
Contact Name Jami Wilder, Psy.D.			Contact Title Member		
Street Address 535 Centerville Rd., Suite 302A			City Warwick	State RI	^{Zip} 02886
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Manager Name		and the state of t	Manager Name	and the second s	<i>4.</i> 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name	I	<u></u>	Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

SEP 3 0 2015 By	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date	contained herein are true and correct. 2/23/15
Dyk 18 Charles Ann Constitution States Constit	Jami Wilder, Psy.D., Member

Print or Type Name of Authorized Person