



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 **2015**

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. 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. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY IF APPLICABLE. DO NOT LIST MEMBERS (EX. BOX FOR ATTACHMENT)					
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 09 2015

By 1098

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.

Christine Pastore Rhodes 10-4-2015
 Signature of Authorized Person Date

Christine Pastore Rhodes
 Print or Type Name of Authorized Person