



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. <u>941838</u>		2. Exact name of the limited liability company <u>Belleve Counseling LLC</u>			
3. State of Formation <u>RI</u>		4. Brief description of the character of business conducted in Rhode Island <u>mental health counseling</u>			
5. Principal office address <u>174 Bellevue Ave - Suite 304C</u>		City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Emily Fowler</u>		Contact Title <u>licensed mental health counselor</u>			
Street Address <u>174 Bellevue Ave, Suite 304C</u>		City <u>Newport</u>	State <u>RI</u>	Zip <u>02840</u>	
7. LIST <u>ALL</u> MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" 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

MAR 28 2016

BY 16L 114

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.

Emily Fowler
Signature of Authorized Person

3/24/16
Date

Emily Fowler
Print or Type Name of Authorized Person