State of Rhode Island and Providence Plantations F Office of the Secretary of State			
	Division Of Business	Services	
148 W. River Street			
	Providence RI 0290		
HOPE	(401) 222-304	40	
Limited Liability Company Annual Report			
Filing Period: September 1 - November 1			
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.			
ANNUAL REPORT YEAR: 2015			
1. ID No. <u>000792969</u>			
2. Exact Name of the Limited Liability Company Children In Balance Psychological Associates, LLC.			
3. State of Formation			
State: <u>RI</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
<u>CIB is a behavioral and mental health wellness practice centered around balanced living. We offer</u>			
individual treatment for youth, families, adults and child therapy, as well as therapeutic groups to address a variety of needs for all age groups.			
	c groups.		
5. Principal Office Address			
No. and Street. 026 A OLUDNECK AVENUE LINUT 1 A			
	<u>UIDNECK AVENUE, UNIT 1A</u> ETOWN	State: RI Zip: 02842 Country: USA	
		State: <u>M</u> 2.p. <u>02042</u> Country. <u>0074</u>	
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: TIFFANY BOURQUIN Contact Title: OWNER			
No. and Street: 936 AQUIDNECK AVE			
City or Town: MIDE	DLETOWN State	RI Zip: 02842 Country: USA	
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			
TIFFANY BOURQUIN 936 AQUIDNECK AVENUE, UNIT 1A MIDDLETOWN, RI 02842			
9 This report must be executed by an authorized person pursuant to $R \mid G \mid 7-16-66$ (b)			

## Signed this 19 Day of April, 2016 at 3:45:47 PM by the authorized person. This electronic

signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

## By **<u>TIFFANY BOURQUIN</u>**

Signature of Authorized Person

Form No. 632 Revised 09/07

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