



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 *2016*

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. <i>001335538</i>		2. Exact name of the limited liability company <i>Peace in mind counseling, LLC</i>			
3. State of Formation <i>RI</i>		4. Brief description of the character of business conducted in Rhode Island <i>Counseling Services</i>			
5. Principal office address <i>101 clock tower square</i>		City <i>Portsmouth</i>	State <i>RI</i>	Zip <i>02871</i>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <i>Donna Massey</i>		Contact Title <i>Lmtlc / owner</i>			
Street Address <i>101 clock tower square P.O. Box 37</i>		City <i>Saunderstown</i>	State <i>RI</i>	Zip <i>02874</i>	
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		Street Address			
City		State	Zip		
Manager Name		Street Address			
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

AUG 30 2016

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BY _____

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.

Donna Massey
Signature of Authorized Person

8/11/2016
Date

Donna Massey
Print or Type Name of Authorized Person