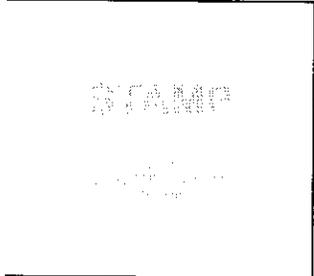




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



Annual Report for the year: 2016
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 1097508		2. Exact name of the Limited Liability Company Petitpas Psychiatric Services, LLC			
3. NAICS Code 62 - Health Care and Social Assistance <input checked="" type="checkbox"/>		4. Brief description of the character of business conducted in Rhode Island Out patient psychiatric medication and therapy services			
5. State of Formation Rhode Island					
6. Principal Office Address 900 Reservoir Avenue		City Cranston	State RI	Zip 02910	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Patricia Petitpas			Contact Title Owner		
Street Address 900 Reservoir Avenue		City Cranston	State RI	Zip 02910	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
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
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person Patricia Petitpas				Date 9-6-16	
Signature of Authorized Person 		SIGN DOCUMENT HERE			

MAIL TO:
Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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 SEP 09 2016

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