HOPE	

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.

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1. Entity ID Number	2. Exact name of the Limited Liability Company					
143230	ASSOCIATES IN COUNSELING, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
B (TO PROVIDE MARRIAGE COUNSELING, TO PROVIDE DIVORCE MEDIATION SERVICES AND TO					
5. State of Formation	ENGAGE IN ANY BUSINESS PERMITTED UNDER THE ACT IN WHICH MEMBERS DEEM					
Rhode Island	EXPEDIENT.					
6. Principal Office Address	I ncipal Office Address			State	Zip	
335 CENTERVILLE RD			WARWICK	RI	02886	
7. Mailing Address of Limited Lia	bility Company a	and Name or Titl	le of Contact Person			
Contact Name JOHN P. ROCHE			Contact Title MANAGER Meinber			
Street Address 335 CENTERVILLE RD			City WARWICK	State RI	^{Zip} 02886	
8. List ALL managers (names a	nd addresses) of	the Limited Liab	oility Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name JOHN P. ROCHE			Manager Name			
Street Address 335 CENTERVILLE RD			Street Address			
City_WARWICK	State RI	Zip_ 02886	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
	<u> </u>	<u></u>	<u> </u>	Check the box to	indicate an attachment	
9. Resident Agent in Rhode Islan	nd. This informatio	n is currently of re	cord with the Department of Sta	ate. Changes require fili	ng Form 642.	
Under penalty of perjury, I dec statements, and that all staten				ng any accompanyin	ng schedules and	
Name of Authorized Person				Date		
JOHN P. ROCHE					-20-16	
Signature of Authorized Person	P. R.	ele	eaddin Hel			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED OV

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