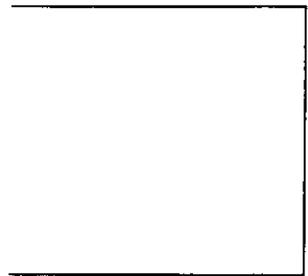




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



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 1063629		2. Exact name of the Limited Liability Company Newport Counseling, LLC			
3. NAICS Code 62		4. Brief description of the character of business conducted in Rhode Island To provide personal counseling			
5. State of Formation RI					
6. Principal Office Address 10 Albert Avenue		City Barrington	State RI	Zip 02806	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Suzzane Brushart -Shaw			Contact Title Member		
Street Address 10 Albert Avenue		City Barrington	State RI	Zip 02806	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name None		Manager Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name None		Manager Name None			
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 Suzzane Brushart, Member				Date 10/26/16	
Signature of Authorized Person <i>Suzzane Brushart - Shaw</i>				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

FILED

OCT 31 2016

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