



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

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: 2016

1. ID No. 000592787

2. Exact Name of the Limited Liability Company Marissa Bain LICSW, LLC

3. State of Formation

State: RI

ARTICLE III

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

62

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

I AM A PSYCHOTHERAPIST WITH ANCHOR COUNSELING CENTER, INC. ANCHOR COUNSELING CENTER IS A PRIVATE PSYCHOTHERAPY PRACTICE THAT HIRES CONSULTANTS AND PAYS VIA 1099. I WORK FULL TIME AND PROVIDE PSYCHOTHERAPY TO ADULTS, COUPLES AND FAMILIES. ANCHOR COUNSELING CENTER HAS 4 LOCATIONS AND I WORK OUT OF THE LINCOLN OFFICE. I DO NOT PRACTICE PSYCHOTHERAPY OUT OF MY HOME AT 40 SHERWOOD AVENUE IN NORTH PROVIDENCE AND THE ADDRESS OF ANCHOR COUNSELING CENTER IS 652 GEORGE WASHINGTON HIGHWAY SUITE 102 IN LINCOLN, RI 02865.

5. Principal Office Address

No. and Street: 40 SHERWOOD AVENUE

City or Town: NORTH PROVIDENCE

State: RI

Zip: 02911

Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: MARISSA BAIN MELLO Contact Title:

No. and Street: 40 SHERWOOD AVE

City or Town: NORTH PROVIDENCE

State: RI

Zip: 02911

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.

**DO NOT LIST MEMBERS**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

MARISSA BAIN 40 SHERWOOD AVENUE NORTH PROVIDENCE , RI 02911

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 6 Day of November, 2016 at 10:22:52 AM 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 MARISSA BAIN MELLO  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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