	State of Rhode Island and Pro Office of the Secreta		ONS Fee: \$50
	Division Of Business	Services	
	148 W. River St		
	Providence RI 0290 (401) 222-304		
HOPE	· · ·		
imited Liability Cor Innual Report	npany		
iling Period: September	1 - November 1		
n accordance with R.I.G.I	. 7-16-66(d), each limited liability comp	any failing or refusing	7
o file its annual report wit	hin thirty (30) days after the time presci		
6-66(b&c)) is subject to a	a penalty fee of \$25.00.		
ANNUAL REPORT YEAF	R: <u>2016</u>		
1. ID No. <u>0010339</u>	57		
2. Exact Name of the L	imited Liability Company Dove Psy	chology, LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Using the following NAIC	S codes, please select the code that be	est describes your bu	siness.
Using the following NAIC		est describes your bu	7
NAICS Code		6	<u>62</u>
NAICS Code	S codes, please select the code that be	6	<u>62</u>
NAICS Code 4. Brief Description of t	S codes, please select the code that be	is Actually Conduct	<u>62</u>
NAICS Code 4. Brief Description of t BEHAVIORAL AND	S codes, please select the code that be he Character of the Business Which MENTAL HEALTH TREATMENT	is Actually Conduct	<u>62</u>
NAICS Code 4. Brief Description of t BEHAVIORAL AND	S codes, please select the code that be he Character of the Business Which MENTAL HEALTH TREATMENT	is Actually Conduct	<u>62</u>
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NAICS Code 4. Brief Description of t BEHAVIORAL AND I 5. Principal Office Addr No. and Street: 194 W City or Town: PROV 6. Mailing Address of L Contact Name: DAVID No. and Street: 5 City or Town: VID S. Mailing Address of L 5 Contact Name: DAVID No. and Street: 5 City or Town: V No. and Street: 5 City or Town: V No. and Street: 5 City or Town: V You or Town: Y You or Town: Y	S codes, please select the code that be he Character of the Business Which MENTAL HEALTH TREATMENT ess VATERMAN STREET, SUITE 7 VIDENCE imited Liability Company and Name DOVE Contact Title: CHACE AVE VARREN State: RI of Each Manager of the Limited Liab	is Actually Conduct COUNSELING. State: <u>RI</u> Zip: 02 or Title of Contact Zip: 02885 ility Company, if Ap	<u>62</u> ted in Rhode Island 2906 Country: <u>USA</u> Person: Country: <u>US</u>

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DAVID C. DOVE 5 CHACE AVENUE WARREN, RI 02885

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

Signed this 15 Day of November, 2016 at 12:37:06 PM 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 <u>DAVID C. DOVE, PH.D.</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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