S	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S Providence RI 0290	treet	
HOPE	(401) 222-30	40	
Limited Liability Com	panv		
Annual Report			
Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability comp n thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2016</u>		
1. ID No. <u>000174416</u>	2		
2. Exact Name of the Li	mited Liability Company MARY	M. EWART LMHC LLC	
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
Using the following NAICS	codes, please select the code that b	best describes your business.	
NAICS Code		<u>6</u> <u>62</u>	
4. Brief Description of th	e Character of the Business Which	h is Actually Conducted in Rhode I	sland
LICENSED MENTAL H	IEALTH COUNSELOR		
5. Principal Office Addre	SS		
No. and Street: <u>230</u>	54 POST ROAD		
	ITE 202 A RWICK State: Pl	I = 7 in (1) 006 Country III	' A
City or Town: <u>W</u>	ARWICK State: R	<u>I</u> Zip: <u>02886</u> Country: <u>US</u>	<u>DA</u>
6. Mailing Address of Lir	nited Liability Company and Name	e or Title of Contact Person:	
Contact Name: Contact	Title:		
No. and Street: 159 E	. <u>COUNTY LANE RD.</u> ROSE Stat	te: PA Zip: 19040 Country:	USA
No. and Street: <u>159 E</u> City or Town: <u>HATE</u>	ROSE State Each Manager of the Limited Liak	te: <u>PA</u> Zip: <u>19040</u> Country: bility Company, if Applicable.	<u>USA</u>
No. and Street:159 ECity or Town:HATE7. Name and Address of	ROSE State Each Manager of the Limited Liak		<u>USA</u>
No. and Street: <u>159 E</u> City or Town: <u>HATE</u> 7. Name and Address of DO NOT LIST MEMBEI	ROSE Stat Each Manager of the Limited Liak	bility Company, if Applicable.	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MARY M. EWART LMHC <u>1 STEPHEN STREET</u> <u>GREENVILLE</u>, <u>RI</u> <u>02828</u>

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

Signed this 25 Day of November, 2016 at 2:43:42 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 MARY M. EWART LMHC

Signature of Authorized Person

Form No. 632 Revised 09/07

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