



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 1656919		2. Exact name of the Limited Liability Company Alternative Healing, LLC			
3. NAICS Code 62 - Health Care and Social A		4. Brief description of the character of business conducted in Rhode Island Provides professional counseling services for Individuals, couples, and families.			
5. State of Formation Rhode Island					
6. Principal Office Address 220 Waterman Ave		City East Providence		State RI	Zip 02914
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Deidre Farmer			Contact Title Licensed Mental Health Counselor		
Street Address 62 Read St			City Seekonk		State MASS. Zip 02771
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
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 Deidre M. Farmer				Date 11/30/2016	
Signature of Authorized Person <i>Deidre M. Farmer</i> SIGN DOCUMENT HERE					

FILED

DEC 01 2016

BY OLIVIA A.A.

MAIL TO:
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