State of Rhode Island a			- Di-I-I		-	
Department of S	tate - Busii	ness Service	s Division			
Annual Report for the y Limited Liability Compa → Filing period: September → Filing Fee: \$50.00	any	r 1			2017 JAN 6	EL PROPERTIES
→ Penalty: Additional \$25.00	fee if form is	not filed by Decen	nber 1.			P JOS
1. Entity ID Number 911802	2. Exact name of the Limited Liability Company MARY BETH KILINSKI, PSY.D. LLC					9: 45
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
62 - Health Care and Social A	PSYCHOLOGICAL SERVICES					
5. State of Formation RHODE ISLAND						
6. Principal Office Address 51	Sockano	sset Cross ste 203	City C	RANSTON	State RI	Zip 01930
7. Mailing Address of Limited Lia	bility Company	and Name or Title	of Contact Pers	on	<u> </u>	•
Contact Name DR, MARY BETH	Contact Title OWNER					
Street Address SI SOCK ANOSSET CRASS RAP			City	CRANSTON	State RI	Zip
8. List ALL managers (names ar	nd addresses) o	of the Limited Liabi	lity Company, IF	APPLICABLE - D	O NOT LIST ME	MBERS
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
				Che	ck the box to ind	icate an attachment
9. Resident Agent in Rhode Islan	d. This informati	ion is currently of rec	ord with the Depar	tment of State. Char	nges require filing F	orm 642.
Under penalty of perjury, I dec statements, and that all statem				t, including any a	ccompanying s	schedules and
Mary Buth Milinski fetrusci, Psu.D. 1/19/17						/17
Signature of Authorized Person	MAL.	SIGNIZO	CUMENTHE		/ /	

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

JAN 20 2017

By # 093 V34