



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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 BUS. SERVICES DIV.
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1. Entity ID Number 911802		2. Exact name of the Limited Liability Company MARY BETH KILINSKI, PSY.D. LLC			
3. NAICS Code 62 - Health Care and Social A:		4. Brief description of the character of business conducted in Rhode Island PSYCHOLOGICAL SERVICES			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 51 Sockanosset Cross Road, Ste 203		City CRANSTON	State RI	Zip 02920	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name DR. MARY BETH KILINSKI			Contact Title OWNER		
Street Address 51 SOCKANOSSET CROSS ROAD SUITE 203		City CRANSTON	State RI	Zip 02920	
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 <input type="checkbox"/>					
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 <i>Mary Beth Kilinski Petrucci, Psy.D.</i>				Date <i>1/19/17</i>	
Signature of Authorized Person <i>Mary Beth Kilinski Petrucci, Psy.D.</i>				SIGN DOCUMENT HERE	

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

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By *AE 093036*