



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

Annual Report for the year: 2017

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.

1. Entity ID Number 569710		2. Exact name of the Limited Liability Company Counseling & Psychoeducational Services, LLC			
3. NAICS Code 62 4310		4. Brief description of the character of business conducted in Rhode Island Counseling.			
5. State of Formation RI					
6. Principal Office Address 1843 Smith Street			City North Providence	State RI	Zip 02911
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Patricia Morena			Contact Title Member		
Street Address 1843 Smith Street			City North Providence	State RI	Zip 02911
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 Patricia Morena				Date Sept. 11, 2017	
Signature of Authorized Person <i>Patricia Morena</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

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SEP 15 2017

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