NO.

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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 959410	2. Exact name of the Limited Liability Company Another Way Counseling and Mediation Center, LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
621330	Counseling and Mediation					
5. State of Formation						
Rhode Island						
6. Principal Office Address			City	State	Zip	
750 East Ave			Pawtucket	RI	02860	
7. Mailing Address of Limited Li	ability Compa	iny and Name or	Title of Contact Person			
Contact Name Cynthia J Jones			Contact Title member	Contact Title member		
Street Address 866 Stratford Lane			City Warwick	State RI	^{Zip} 02886	
8. List ALL managers (names a	nd addresses	s) of the Limited	Liability Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Check the box to indicate an attachment						
9. Resident Agent in Rhode Isla	ınd. This inform	nation is currently	of record with the Department of St	ate. Changes require filir	ng Form 642.	
Under penalty of perjury, I de statements, and that all state	clare and aff ments conta	irm that I have (ined herein are	examined this report, includi true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person				Date	Date	
Cynthia J Jones				9/13/17	9/13/17	
Signature of Authorized Person						
Gones						

MAIL YO

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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