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

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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 165401	2. Exact name of the Limited Liability Company **Jennifer Newkirk, PhD, LLC**			
3 NAICS Code 624190	4. Brief description of the character of business conducted in Rhode Island **practice of clinical psychology**			
5. State of Formation **Rhode Island**				

6. Principal Office Address **144 Woodbury St.**	City **Providence**	State **RI**	Zip **02906**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name **Jennifer Newkirk**	Contact Title		
Street Address **144 Woodbury St.**	City **Providence**	State **RI**	Zip **02906**

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 **Jennifer Newkirk**	Date 9/24/17
Signature of Authorized Person 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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BY _____ 1054

FORM 632 - Revised: 08/2016