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State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

Annual Report for the year: \_\_ Limited Liability Company

2017

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→ 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 1659918	2. Exact name of the Limited Liability Company SOUTH COUNTY THERAPY, LLC					
3. NAICS Code <b>621111</b>	Brief description of the character of business conducted in Rhode Island     TO PROVIDE INDIVIDUAL, MARRIAGE, CHILD AND FAMILY COUNSELING AND					
5. State of Formation RHODE ISLAND	THERAPY, AND ANY OTHER LEGAL PURPOSE.					
6. Principal Office Address 23 NORTH ROAD, SUITE A-24			City WAKEFIELD	State RI	Zip <b>02879</b>	
7. Mailing Address of Limited Li	iability Compa	any and Name or	Title of Contact Person			
Contact Name CYNTHIA M. LEWIS			Contact Title MEMBER			
Street Address P.O. BOX 5707			City WAKEFIELD	State RI	<sup>Zip</sup> <b>02879</b>	
8. List ALL managers (names a	and addresse:	s) of the Limited	Liability Company, IF APPLICABL	E - DO NOT LIST	MEMBERS	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zìp	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
	<u> </u>		I	Check the box to i	indicate an attachment	
9. Resident Agent in Rhode Isla	and. This infom	nation is currently o	of record with the Department of State	e. Changes require filir	ng Form 642.	
Under penalty of perjury, I de statements, and that all state			examined this report, including true and correct.	any accompanyin	g schedules and	
Name of Authorized Person				Date		
CYNTHIA M. LEWIS/MEMBER				10/11	10/10/2017	
Signature of Authorized Person	7	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

