



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

STAMP

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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 686160		2. Exact name of the Limited Liability Company Psychological Associates of New England, LLC			
3. NAICS Code 621112 54 - Professional, Scientific, and		4. Brief description of the character of business conducted in Rhode Island Psychological Counseling			
5. State of Formation Rhode Island					
6. Principal Office Address 10 Dorrance Street, Suite 700			City Providence	State RI	Zip 02903
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Romina Dragone-Hyde			Contact Title		
Street Address 10 Dorrance Street, Suite 700			City Providence	State RI	Zip 02903
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 Romina Dragone-Hyde				Date 10/23/17	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

FILED

OCT 31 2017

BY Ch 314383

MAIL TO:
Division of Business Services
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 Website: www.sos.ri.gov