



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

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 BUSINESS DIV
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Annual Report for the year: 2016
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 805591		2. Exact name of the Limited Liability Company Kathleen Sullivan Behavioral Health					
3. NAICS Code 621330		4. Brief description of the character of business conducted in Rhode Island Advanced nurse practitioner Mental Health Services					
5. State of Formation RI							
6. Principal Office Address 53 High Street Unit #307				City Westerly		State RI	Zip 02891
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Kathleen Sullivan-Conger				Contact Title APRN Businessowner			
Street Address 20511 Sunset Lane				City Lago Vista		State TX	Zip 78645
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name N/A				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 Kathleen Sullivan-Conger						Date 10-17-17	
Signature of Authorized Person <i>K. Conger</i>						SIGN DOCUMENT HERE	

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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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