



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.

**FILED**

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BY

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|   |       |   |                             |                         |                     |
|---|-------|---|-----------------------------|-------------------------|---------------------|
| 1. Entity ID Number<br><b>1657817</b>   |       | 2. Exact name of the Limited Liability Company<br><b>ENDRES &amp; ASSOCIATES, LLC</b>               |                             |                         |                     |
| 3. NAICS Code<br><b>621111</b>  |       | 4. Brief description of the character of business conducted in Rhode Island<br><b>Mental Health</b> |                             |                         |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>  |       |   |                             |                         |                     |
| 6. Principal Office Address<br><b>2797 Post Road</b>  |       |   | City<br><b>Warwick</b>      | State<br><b>RI</b>      | Zip<br><b>02886</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |       |   |                             |                         |                     |
| Contact Name <b>Kimberly Endres</b>   |       |   | Contact Title <b>Member</b> |                         |                     |
| Street Address <b>2797 Post Road</b>  |       |   | City <b>Warwick</b>         | State <b>RI</b>         | Zip <b>02886</b>    |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS  |       |   |                             |                         |                     |
| Manager Name <b>None</b>  |       |   | 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.   |       |   |                             |                         |                     |
| <b>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.</b> |       |   |                             |                         |                     |
| Name of Authorized Person<br><b>Kimberly Endres</b>   |       |   |                             | Date<br><b>10/25/17</b> |                     |
| Signature of Authorized Person<br><b>Kimberly Endres</b>  |       |   |                             |                         |                     |

## MAIL TO:

## Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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