

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 O
NOV 1 7 2017
BY 1782 (0

1. Entity ID Number	2. Exact name of the Limited Liability Company					
1657817	ENDRES & ASSOCIATES, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
1021111	Mental Health					
5. State of Formation	] '	·	•			
RHODE ISLAND						
6. Principal Office Address			City	State	Zip	
2797 Post Road			Warwick	RI	02886	
7. Mailing Address of Limited Lia		ny and Name or				
Contact Name Kimberly Endres			Contact Title Member`	Contact Title Member`		
Street Address 2797 Post Road			City Warwick	State RI	<sup>Zip</sup> <b>02886</b>	
8. List ALL managers (names ar	nd addresses	) of the Limited		BLE - DO NOT LIST	MEMBERS	
Manager Name None			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
				Check the box to	indicate an attachment	
<ol><li>Resident Agent in Rhode Islan</li></ol>					_ <del></del>	
Under penalty of perjury, I dec statements, and that all statem	lare and affil ents contail	rm that I have e ned herein are	examined this report, including true and correct.	ng any accompanyin	g schedules and	
Name of Authorized Person				Date		
Kimberly Endres				10/25/17		
Signature of Authorized Person						
Kul Emphes						

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov