



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 001659670		2. Exact name of the Limited Liability Company KARA KIRKER PHD, LLC			
3. NAICS Code 621330		4. Brief description of the character of business conducted in Rhode Island <i>Psychologist/private practice</i>			
5. State of Formation RI					
6. Principal Office Address 24 Salt Pond Road, B4			City Westerly	State RI	Zip 02891
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Kara Gabriele Kirker			Contact Title Member		
Street Address 24 Salt Pond Road, B4			City Westerly	State RI	Zip 02891
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.					
<i>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.</i>					
Name of Authorized Person Kara Gabriele Kirker, Member				Date 11/18/17	
Signature of Authorized Person 					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

NOV 22 2017 *OR*

BY *1648*