



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

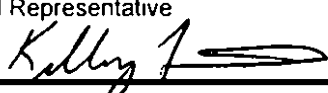
Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 164643		2. Exact name of the Corporation Kelley Faria, LMHC, Inc.			
3. Principal Office Address 2364 Post Road Suite 202			City Warwick	State RI	Zip 02886
4. NAICS Code 621310 81 - Other Services (except Pul		6. Brief description of the character of business conducted in Rhode Island Mental Health Counseling			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Kelley Faria			Vice-President Name None		
Street Address 17 Henry Street			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Kelley Faria			Treasurer Name Kelley Faria		
Street Address 17 Henry Street			Street Address 17 Henry Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Kelley Faria			Director Name None		
Street Address 17 Henry Street			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			100	Common	No Par Value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative Kelley Faria				Date 1/25/18	
Signature of Authorized Representative  SIGN DOCUMENT FILED					

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

FEB 27 2018

BY 113 KM

FORM 630 - Revised: 10/2016