



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.

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 SECRETARY OF STATE
 CORPORATIONS DIV.
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1. Entity ID Number 1338961		2. Exact name of the Limited Liability Company OM Therapy LLC	
3. NAICS Code 621112		4. Brief description of the character of business conducted in Rhode Island Mental Health Therapy	
5. State of Formation RI			
6. Principal Office Address 1 Richmond Square Suite 333W		City Providence	State RI
		Zip 02906	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Melissa DaSilva		Contact Title Member	
Street Address 1 Richmond Square Suite 333W		City Providence	State RI
		Zip 02906	
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	City	State
Zip		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		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 Melissa DeSilva		Date 05/24/18	
Signature of Authorized Person 		SIGN DOCUMENT HERE	

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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