



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

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 001662838		2. Exact name of the Limited Liability Company Clarity Counseling Center LLC			
3. NAICS Code 812990		4. Brief description of the character of business conducted in Rhode Island Therapist			
5. State of Formation RI					
6. Principal Office Address 1130 Ten Rod Road, Suite F Mailbox 16		City North Kingstown		State RI	Zip 02852
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Jennifer Shepherd			Contact Title Manager Member		
Street Address 1130 Ten Rod Road Suite F Mailbox 16		City North Kingstown		State RI	Zip 02852
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Same as above		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.					
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 Person Jennifer Shepherd				Date 06/07/2018	
Signature of Authorized Person X Jennifer Shepherd (SEE 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

FILED

JUN 29 2018

BY

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FORM 632 - Revised: 10/2017