



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:
Limited Liability Company

2018

- Filing period: September 1 - November 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by December 1.

FILED

AUG 16 2018

BY 134201

1. Entity ID Number 001669917		2. Exact name of the Limited Liability Company HAKOMERI	
3. NAICS Code 541720		4. Brief description of the character of business conducted in Rhode Island Psychotherapy Training/Professional	
5. State of Formation RI			
6. Principal Office Address 4 Calvert St.		City Newport	State RI Zip 02840
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Kathy Wingfield		Contact Title Owner	
Street Address 4 Calvert St.		City Newport	State RI Zip 02840
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	State	State	State
City	City	City	City
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	City
State	State	State	State
City	City	City	City
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 Kathy Wingfield		Date 8/12/18	
Signature of Authorized Person <i>Kathy Wingfield</i>		3N DOCUMENT HERE	

MAIL TO:

Division of Business Services

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