



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

FILED

Annual Report for the year: 2018
Limited Liability Company

AUG 16 2018

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

BY 134 [Signature]

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

MAIL TO:

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 Website: www.sos.ri.gov