



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

**FILED**

AUG 27 2018

BY

1808

Annual Report for the year: 2018  
**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 <b>001097508</b>		2. Exact name of the Limited Liability Company <b>Petitpas Psychiatric Services LLC</b>					
3. NAICS Code 621330		4. Brief description of the character of business conducted in Rhode Island Psychiatric Services					
5. State of Formation RI							
6. Principal Office Address 900 Reservoir Ave				City Cranston		State RI	Zip 02910
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name <b>Patricia Petitpas</b>				Contact Title <b>Member</b>			
Street Address <b>900 Reservoir Ave</b>				City <b>Cranston</b>		State <b>RI</b>	Zip <b>02910</b>
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.							
<b>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.</b>							
Name of Authorized Person <i>Cynthia Lesh</i>						Date <i>8/28/18</i>	
Signature of Authorized Person <i>Cynthia Lesh</i>						SIGN DOCUMENT HERE	

**MAIL TO:**  
**Division of Business Services**  
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 Website: www.sos.ri.gov