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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year:	2018
Limited Liability Company	

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

i							
1. Entity ID Number	2. Exact name of the Limited Liability Company						
137081	DONALD A. LABONTE, MA, MSW, LLC						
3. NAICS Code	4 Brief description of the character of business conducted in Rhode Island						
ic, a	Providing counseling and psychotherapy.						
5. State of Formation	621410						
Rhode Island	Waiyio						
6 Principal Office Address		-	City	State	Zıp		
33 College Hill Road, Bldg 30 I	E		Warwick	RI	02886		
7. Mailing Address of Limited Lia	bility Company	and Name or Title	of Contact Person	•			
Contact Name Donald A. Labonte			Contact Title				
Street Address P.O. Box 1482			City Coventry	State RI	Z _{IP} 02816		
8. List ALL managers (names ar	nd addresses) o	f the Limited Liabi	lity Company, IF APPLIC	ABLE - DO NOT LIST ME	MBERS		
Manager Name NONE			Manager Name				
Street Address		Street Address					
City	State	Zıp	City	State	Zıp		
Manager Name			Manager Name				
StreetiAddress			Street Address				
City	State	Zıp	City	State	Zıp		
Check the box to indicate an attachment							
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 dec statements, and that all staten				ding any accompanying s	schedules and		
Name of Authorized Person Date							
Donald A. Labonte 09 03 20/8							
Signature of Authorized Person Concelled Fallows							

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**

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