



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

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

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 162006 | | 2. Exact name of the Limited Liability Company Via Counseling Center, LLC | | | |
| 3. NAICS Code 624190 | | 4. Brief description of the character of business conducted in Rhode Island Counseling | | | |
| 5. State of Formation RI | | | | | |
| 6. Principal Office Address 250 Thomas Street, Box 11 Suite C 11 Broadcommon Road, Suite C | | City Bristol | | State RI | Zip 02809 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | |
| Contact Name Brandi Gifford | | | Contact Title Member | | |
| Street Address 250 Thomas Street, Box 11 11 Broadcommon Road, Suite C | | City Bristol | | State RI | Zip 02809 |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS | | | | | |
| Manager Name None | | | Manager Name None | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| Manager Name None | | | Manager Name None | | |
| 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. | | | | | |
| <i>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.</i> | | | | | |
| Name of Authorized Person Brandi Gifford | | | | Date | |
| Signature of Authorized Person <i>Brandi Gifford</i> | | | | Date 10-8-18 | |
| SIGN 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

OCT 17 2018

BY 809 **FORM 632 - Revised: 10/2017**