



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

1. ID No. 001676633

2. Exact Name of the Limited Liability Company Imondi Psychiatric Services LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621330

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

THIS IS A PSYCHIATRIC NURSE PRACTITIONER PROVIDING MEDICATION
MANAGEMENT
AND PSYCHOTHERAPY TO CHILDREN AND ADULTS IN AN OUTPATIENT SETTING.

5. Principal Office Address

No. and Street: 334 BROADWAY
City or Town: PROVIDENCE State: RI Zip: 02909 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: TABITHA IMONDI Contact Title: IMONDI PSYCHIATRIC SERVICES LLC
No. and Street: 1525 OLD LOUISQUISSET PIKE
BUILDING B, SUITE 203
City or Town: LINCOLN State: RI Zip: 02865 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

MANAGER

TABITHA ANN IMONDI

334
BROADWAY, RI 02909 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

TABITHA IMONDI 334 BROADWAY PROVIDENCE , RI 02909

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 23 Day of October, 2018 at 4:12:02 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By TABITHA IMONDI
Signature of Authorized Person

Form No. 632
Revised 09/07

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