

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.

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1. Entity ID Number 000165054	2 Exact name of the Limited Liability Company JEFFREY D. HUGHES PSY. D. LLC					
3 NAICS Code (24/98) 5. State of Formation Rhode Island	4. Bnef description of the character of business conducted in Rhode Island  Mental Health Service					
6. Principal Office Address 340 BROADWAY			City PROVIDENCE	State RI	Zip 02909	
7. Mailing Address of Limited Lia	ibility Compar	ny and Name or	Title of Contact Person			
Contact Name JEFFREY D. HUGHES			Contact Title OWNER			
Street Address 340 BROADWAY			City PROVIDENCE	State RI	Zip 02909	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS						
Manager Name			Manager Name	Manager Name		
Street Address			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						
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 JEFFREY D. HUGHES				Date 12	3 18	
Signature of Afthenzed Person SIGN DOCUMENT HERE						
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MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov DEC 17 2018 BY CAS FBGN2

FORM 632 - Revised: 10/2017