



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

MAY 28 2019

BY

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 000789955		2. Exact name of the Limited Liability Company INTEGRATED PSYCHOLOGICAL SERVICES			
3. NAICS Code 62330		4. Brief description of the character of business conducted in Rhode Island Integrated Psychological services to provide Behavioral health services to individuals with mental health issues.			
5. State of Formation RI					
6. Principal Office Address 333 School Street B112		City Providence		State RI	Zip 02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name NOREEN SHAFFI			Contact Title Owner		
Street Address 229 GARD ST			City Providence	State RI	Zip 02906
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 ☐					
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 NOREEN SHAFFI				Date 5/22/19	
Signature of Authorized Person Noreen Shaffi					

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov