



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

Annual Report for the year: 2019
 Corporation

FILED

AUG 19 2019

BY 3749 DS

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 144468		2. Exact name of the Corporation SUSAN BENSON LMFT, INC.			
3. Principal Office Address 6 HOLLAND DRIVE			City WAKEFIELD	State RI	Zip 02879
4. NAICS Code 621330		6. Brief description of the character of business conducted in Rhode Island PROVIDE FAMILY THERAPY TO INDIVIDUALS AND FAMILIES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SUSAN BENSON			Vice-President Name		
Street Address 6 HOLLAND DRIVE			Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State	Zip
Secretary Name SUSAN BENSON			Treasurer Name		
Street Address 6 HOLLAND DRIVE			Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000		COMMON	NPV
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <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 Representative SUSAN BENSON, PRESIDENT					Date 8/16/19
Signature of Authorized Representative SIGN DOCUMENT HERE					

MAIL TO:
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