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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: 2019 1. ID No. 000143922 2. Exact Name of the Limited Liability Company RANA M. DEQUATTRO, MA, LCMHC, 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 LICENSED CLINICAL MENTAL HEALTH COUNSELING 5. Principal Office Address No. and Street: 47A CEDAR SWAMP RD City or Town: State: RI zip: 02917 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Title: No and Street: 50 MULERERY CIRCLE <td colspa<="" td=""><td>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 RI GL T-716-66(0,0), each limited liability company failing or refusing to file its annual report with Inity (20) days after the three prescribed by law (RI GL T- 16-66(0&C)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2019 1. ID No. 000143922 2. Exact Name of the Limited Liability Company RANA M. DEQUATTRO, MA, LCMHC, 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 LICENSED CLINICAL MENTAL HEALTH COUNSELING 5. Principal Office Address No. and Street: 47A CEDAR SWAMP RD City or Town: ShiftHEELD State: Ri Zip: 02917 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: SO MULBERRY CIRCLE City or Town: JOHNSTON State: Ri Zip: 02919 Country: USA Contact St</td><td>s s</td><td></td><td></td><td>Fee: \$50.00</td></td>	<td>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 RI GL T-716-66(0,0), each limited liability company failing or refusing to file its annual report with Inity (20) days after the three prescribed by law (RI GL T- 16-66(0&C)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2019 1. ID No. 000143922 2. Exact Name of the Limited Liability Company RANA M. DEQUATTRO, MA, LCMHC, 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 LICENSED CLINICAL MENTAL HEALTH COUNSELING 5. Principal Office Address No. and Street: 47A CEDAR SWAMP RD City or Town: ShiftHEELD State: Ri Zip: 02917 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: SO MULBERRY CIRCLE City or Town: JOHNSTON State: Ri Zip: 02919 Country: USA Contact St</td> <td>s s</td> <td></td> <td></td> <td>Fee: \$50.00</td>	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 RI GL T-716-66(0,0), each limited liability company failing or refusing to file its annual report with Inity (20) days after the three prescribed by law (RI GL T- 16-66(0&C)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2019 1. ID No. 000143922 2. Exact Name of the Limited Liability Company RANA M. DEQUATTRO, MA, LCMHC, 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 LICENSED CLINICAL MENTAL HEALTH COUNSELING 5. Principal Office Address No. and Street: 47A CEDAR SWAMP RD City or Town: ShiftHEELD State: Ri Zip: 02917 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: SO MULBERRY CIRCLE City or Town: JOHNSTON State: Ri Zip: 02919 Country: USA Contact St	s s			Fee: \$50.00	
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	First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	7. Name and Address of					
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country		Title	Individual Name	Addres	s		
	8 RESIDENT AGENT IN RHODE ISI AND - DO NOT ALTER		First, Middle, Last, Suffix	Address, City or Town, State	e, Zip Code, Country		

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

RANA M. DEQUATTRO 50 MULBERRY CIRCLE JOHNSTON, RI 02919

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 August, 2019 at 2:06:42 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 <u>RANA DEQUATTRO</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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