



RI SOS Filing Number: 201918735660 Date: 9/6/2019 4:00:00 PM  
State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2019  
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.

FILED

SEP 06 2019

BY

1057 DS

1. Entity ID Number 001675810		2. Exact name of the Limited Liability Company South County Behavioral Therapy, LLC			
3. NAICS Code 621330		4. Brief description of the character of business conducted in Rhode Island Individual and family psychotherapy			
5. State of Formation RI					
6. Principal Office Address 231 Old Tower Hill Rd., Suite 208		City Wakefield		State RI	Zip 02879
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Katja Patel		Contact Title Owner			
Street Address 231 Old Tower Hill Rd., Suite 208		City Wakefield		State RI	Zip 02879
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name N/A		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 <input type="checkbox"/>					
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 Katja Patel				Date 9/4/19	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services  
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Website: [www.sos.ri.gov](http://www.sos.ri.gov)