



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

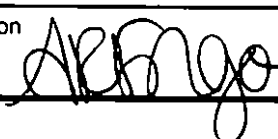
Annual Report for the year: **2019**

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.

1. Entity ID Number 1668410		2. Exact name of the Limited Liability Company Ashley R. Folgo Psychiatric Services, LLC	
3. NAICS Code 621112		4. Brief description of the character of business conducted in Rhode Island Psychiatric services	
5. State of Formation Rhode Island			
6. Principal Office Address 815 Oaklawn Avenue		City Cranston	State RI
		Zip 02920	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Ashley R. Folgo		Contact Title President	
Street Address 815 Oaklawn Avenue		City Cranston	State RI
		Zip 02920	
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 <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.			
<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 Person Ashley R. Folgo			Date 9/10/19
Signature of Authorized Person  SIGN DOCUMENT HERE			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

SEP 19 2019

BY

