



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

OCT 28 2019

BY 219

1. Entity ID Number 000790128		2. Exact name of the Limited Liability Company RIVERSIDE COUNSELING CENTER LLC			
3. NAICS Code 621330		4. Brief description of the character of business conducted in Rhode Island MENTAL HEALTH AND SUBSTANCE ABUSE COUNSELING FOR INDIVIDUALS AND FAMILIES			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 205 BULLOCKS POINT AVENUE		City RIVERSIDE		State RI	Zip 02915-2532
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name PATRICIA A AREL		Contact Title PRESIDENT			
Street Address 102 TURNER AVENUE		City RIVERSIDE		State RI	Zip 02915
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 <u>Patricia A. Arel</u>				Date 10/23/2019	
Signature of Authorized Person <u>[Signature]</u>				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services
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