RI SOS Filing Number: 201926872030 Date: 11/1/2019 4:00:00 PM

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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	5.00 fee it form is	s not filed by Dec	cember 1.		74 07 07 07 07 07 07 07 07 07 07 07 07 07		
1. Entity ID Number 0000937939		ime of the Limited		STATE S DIV			
3. NAICS Code 621112		Brief description of the character of business conducted in Rhode Island Psychiatry and Psychotherapy Medical Solo Practice.					
5. State of Formation Rhode Island							
6. Principal Office Address			City	State	Zip		
10 Elmgrove Avenue, 2R			Providence	RI	02906		
7. Mailing Address of Limited		ny and Name or T					
Contact Name Dr. Stephanie Hartselle			Contact Title Owner	Contact Title Owner			
Street Address 10 Elmgrove Avenue, 2R			City Providence	State RI	^{Z_ip} 02906		
8. List ALL managers (name	s and addresses	s) of the Limited Li	iability Company, IF APPLICAE	BLE - DO NOT LIST I	MEMBERS		
Manager Name Pha Ni	ie Lyn	IN Harts	Manager Name				
Street Address 10 Elmgrove Are.			Street Address				
Stolignon or	State	Zip 0 Z 90 %	City	State	Zip		
Manager Name			Manager Name	Manager Name			
Street Address			Street Address	Street Address			
City	State	Zıp	City	State	Zip		
				Check the box to	indicate an attachment		
9. Resident Agent in Rhode	Island. This inform	nation is currently of	record with the Department of Sta	ate. Changes require filir	ng Form 642.		
Under penalty of perjury, I statements, and that all sta	declare and affi atements contai	rm that I have ex ned herein are tr	ramined this report, including rue and correct.	g any accompanyin	g schedules and		
Name of Authorized Person				Date	- 2		
Miriam A. Ross, Esq.					BCT 2019		

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

Signature of Authorized Person

FGRM 632 - Revised: 10/2017