



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.

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2019 NOV - 1 AM 10:03

1. Entity ID Number <b>0000937939</b>		2. Exact name of the Limited Liability Company <b>Hartselle &amp; Associates, LLC</b>			
3. NAICS Code <b>621112</b>		4. Brief description of the character of business conducted in Rhode Island <b>Psychiatry and Psychotherapy Medical Solo Practice.</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>10 Elmgrove Avenue, 2R</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Dr. Stephanie Hartselle</b>			Contact Title <b>Owner</b>		
Street Address <b>10 Elmgrove Avenue, 2R</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Stephanie Lynn Hartselle</b>		Manager Name			
Street Address <b>10 Elmgrove Ave.</b>		Street Address			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>	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.					
<b>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.</b>					
Name of Authorized Person <b>Miriam A. Ross, Esq.</b>				Date <b>31 OCT 2019</b>	
Signature of Authorized Person <i>Miriam A. Ross</i>				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**

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*A. M. B. J. Y. f. 2*  
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 FORM 632 - Revised: 10/2017