



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Annual Report for the year: 2019
 Limited Liability Company

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 FOR SECRETARY OF STATE USE ONLY

- 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 000117017		2. Exact name of the Limited Liability Company DIAGNOSTIC EVALUATION INSTITUTE, LLC			
3. NAICS Code 621420		4. Brief description of the character of business conducted in Rhode Island SUBSTANCE ABUSE TREATMENT CLINIC			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 580 TEN ROD ROAD			City NORTH KINGSTOWN	State RI	Zip 02852
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name JOHN P FEMINO			Contact Title MANAGING MEMBER		
Street Address 580 TEN ROD ROAD			City NORTH KINGSTOWN	State RI	Zip 02852
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 JOHN P FEMINO				Date X 11/7/2019	
Signature of Authorized Person <i>X John P Femino</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

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 BY GAKBW
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 FORM 632 - Revised: 10/2017