



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

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FOR  
SECRETARY OF STATE  
USE ONLY

Annual Report for the year: **2017**

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

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BY GAKBW

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