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State of Rhode Island and Providence Plantations

Department of State - Business Services Division RETARY OF STATE CORPORATIONS DIV

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Annual Report for the year: 2016 **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 000117017	4	2 Exact name of the Limited Liability Company DIAGNOSTIC EVALUATION INSTITUTE, LLC				
3. NAICS Code	4 Brief des	4 Brief description of the character of business conducted in Rhode Island				
621420	SUBSTAN	SUBSTANCE ABUSE TREATMENT CLINIC				
5 State of Formation						
RHODE ISLAND						
6 Principal Office Address			City	State	Zip	
580 TEN ROD ROAD			NORTH KINGSTOWN	RI	02852	
7 Mailing Address of Limited		any and Name o	r Title of Contact Person			
Contact Name JOHN P FEMINO			Contact Title MANAGING MEMBER			
Street Address 580 TEN ROD ROAD			City NORTH KINGSTOWN	State RI	⁷ ip 02852	
8. List ALL managers (names	and addresse	s) 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			
C-ty	State	Zip	City	State	Z _I p	
	<u></u> _			neck the box to i	indicate an attachment	
9. Resident Agent in Rhode Is	land. This inform	nation is currently	of record with the Department of State. Ch	anges require film	ng Form 642.	
Under penalty of perjury, I distatements, and that all state	leclare and aff tements conta	irm that I have ined herein are	examined this report, including an true and correct.	y accompanyin	g schedules and	
Name of Authorized Person Date						
JOHN P FEMINO				× 11/7	12019	
Signature of Authorized Person	m men	> sig	N 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

FORM 632 - Revised: 10/2017