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

STAMP

FOR
SECRETARY OF STATE
USE ONLY

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	2 Exact name of the Limited Liability Company
000117017	**DIAGNOSTIC EVALUATION INSTITUTE, LLC**

3. NAICS Code	4 Brief description of the character of business conducted in Rhode Island
621420	**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 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 ☐

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

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.

Name of Authorized Person	Date
JOHN P FEMINO	11/7/2019

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

NOV 12 2019
BY GAK BW
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FORM 632 - Revised: 10/2017