



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

FILED

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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.

1. Entity ID Number 001675457		2. Exact name of the Limited Liability Company Holistic Development Center, LLC.			
3. NAICS Code 624310		4. Brief description of the character of business conducted in Rhode Island Psychological, educational, and vocational services.			
5. State of Formation Rhode Island					
6. Principal Office Address 231 Old Tower Hill Road, Suite 203		City Wakefield	State RI	Zip 02879	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Kathryn Marietta Mahoney		Contact Title Manager			
Street Address 231 Old Tower Hill Road, Suite 203		City Wakefield	State RI	Zip 02879	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Kathryn Marietta Mahoney		Manager Name Lauren Ellen Roth			
Street Address 13 Brandywine Lane		Street Address 13 Brandywine Lane			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
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 Kathryn Marietta Mahoney				Date 11/13/2019	
Signature of Authorized Person Kathryn Marietta Mahoney					

MAIL TO:

Division of Business Services

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