

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.

FILED NOV 1 8 2019	
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Manager Name  Kathryn Marietta Mahoney  Street Address  13 Brandywine Lane  City Narragansett  State RI  Zip 02882  City Narragansett  Manager Name  Manager Name  Manager Name  Street Address  State RI  Zip 02882  Manager Name  Street Address  City Narragansett  State RI  Zip 02882  City Narragansett  Manager Name  Street Address  City State  City State  City State  City State  City State  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.	Entity ID Number	2. Exact name of the Limited Liability Company							
State of Formation Rhode Island  6. Principal Office Address 231 Old Tower Hill Road, Suite 203  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Kathryn Marietta Mahoney  Street Address 231 Old Tower Hill Road, Site 203  8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS Manager Name Kathryn Marietta Mahoney  Street Address 13 Brandywine Lane  City Marragansett  State RI  Zip 02879  Street Address 13 Brandywine Lane  City Narragansett  State RI  Zip 02882  City Narragansett  State RI  Zip 02882  City Narragansett  State RI  Zip 02882  Check the box to indicate an attachment City 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  Parcetta Marietta Mahoney  Date  Littli 2,015	001675457	l							
5. State of Formation Rhode Island 6. Principal Office Address 231 Old Tower Hill Road, Suite 203 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name Kathryn Marietta Mahoney  Street Address 231 Old Tower Hill Road, Site 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  Street Address 13 Brandywine Lane City Narragansett State RI Zip 02882  City Narragansett State RI Zip 02882  City Narragansett State RI Zip 02882  Manager Name Street Address State Address State Address State Address City State City State Zip City State Zip Check the box to indicate an attachment Contact Title Manager Name Statements, and that all statements contained herein are true and correct.  Name of Authorized Person  Date  Litt 3/2019	3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island							
Rhode Island  6. Principal Office Address 231 Old Tower Hill Road, Suite 203  7. Mailing Address of Limited Liability Company and Name or Title of Contact Person  Contact Title Manager  Street Address 231 Old Tower Hill Road, Site 203  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  City Narragansett  State RI  Zip 02882  City Narragansett  State RI  Zip 02882  City Narragansett  Manager Name  Street Address  Street Address  Street Address  Street Address  City Narragansett  Manager Name  Street Address  Street Address  City State  Zip 02882  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  Lathryn Marietta Mahoney  Distormant Richard Machoney  Date  Lathryn Marietta Machoney	624310	Psychological, educational, and vocational services.							
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov