



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

FILED

DEC 16 2019

2 STAMP

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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 1063629		2. Exact name of the Limited Liability Company Newport Counseling, LLC			
3. NAICS Code 624190		4. Brief description of the character of business conducted in Rhode Island To provide personal counseling			
5. State of Formation RI					
6. Principal Office Address 51 Lincoln Avenue			City Barrington	State RI	Zip 02806
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Suzzane Brushart-Shaw			Contact Title Member		
Street Address 51 Lincoln Avenue			City Barrington	State RI	Zip 02806
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name None			Manager Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name None			Manager Name None		
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.					
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 Suzzane Brushart-Shaw				Date 9.15.19	
Signature of Authorized Person <i>Suzzane Brushart-Shaw</i>				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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