



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

FILED

JAN 15 2020

BY 148
ed

Annual Report for the year: 2020

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1 Entity ID Number 000164643		2 Exact name of the Corporation Kelley Faria, LMHC, Inc.			
3 Principal Office Address 2364 Post Road, Suite 202			City Warwick	State RI	Zip 02886
4 NAICS Code 621330		6. Brief description of the character of business conducted in Rhode Island Mental Health Counseling			
5 State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kelley Faria			Vice-President Name None		
Street Address 17 Henry Street			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name Kelley Faria			Treasurer Name Kelley Faria		
Street Address 17 Henry Street			Street Address 17 Henry Street		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kelley Faria			Director Name None		
Street Address 17 Henry Street			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
					PAR VALUE
					No Par Value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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 Representative Kelley Faria					Date 1/9/2020
Signature of Authorized Representative 					

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov