

# State of Rhode Island and Providence Plantations Office of the Secretary of State

Fee: \$50.00

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

## Business Corporation Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. Corporate ID No. 000529384

2. Name of Corporation Northern Rhode Island Marriage & Family Therapy, Ltd.

3. Street Address Principal Business Office:

No. and Street: 747 VICTORY HIGHWAY

PO BOX 748

City or Town: SLATERSVILLE State: RI Zip: 02876 Country: USA

4. Business Phone No.

4017621155

5. State of Incorporation

State: RI

## ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.

621330

6. Brief Description of the Character of Business Conducted in Rhode Island

#### FAMILY, COUPLE AND INDIVIDUAL THERAPY SERVICES

#### 7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
PRESIDENT	MELISSA M MCNEIL	133 BRENTWOOD DR.	

		NORTH SMITHFIELD, RI 02896 USA
TREASURER	MELISSA M MCNEIL	133 BRENTWOOD DR. NORTH SMITHFIELD, RI 02896 USA
SECRETARY	JEAN B MEO	11 TALL TIMBER TRAIL NORTH SMITHFIELD, RI 02896 USA
VICE PRESIDENT	DAVID C MCNEIL	133 BRENTWOOD DR. NORTH SMITHFIELD, RI 02896 USA

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
STK		\$0.0100	1,000.00	0

9. 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.

**Signed this 24 Day of January, 2020 at 2:11:09 PM.** This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

### By MELISSA MCNEIL

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

 $\ @$  2007 - 2020 State of Rhode Island and Providence Plantations All Rights Reserved