



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

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.

FILED

JAN 23 2020 STAMP

BY 3805 DS

1. Entity ID Number <b>144468</b>		2. Exact name of the Corporation <b>SUSAN BENSON LMFT, INC.</b>												
3. Principal Office Address <b>6 HOLLAND DRIVE</b>		City <b>WAKEFIELD</b>		State <b>RI</b>	Zip <b>02879</b>									
4. NAICS Code <b>621330</b>	6. Brief description of the character of business conducted in Rhode Island <b>PROVIDE FAMILY THERAPY TO INDIVIDUALS AND FAMILIES</b>													
5. State of Incorporation <b>RI</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>SUSAN BENSON</b>			Vice-President Name											
Street Address <b>6 HOLLAND DRIVE</b>			Street Address											
City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip									
Secretary Name <b>SUSAN BENSON</b>			Treasurer Name											
Street Address <b>6 HOLLAND DRIVE</b>			Street Address											
City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>1000</b></td> <td><b>COMMON</b></td> <td><b>NPV</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>1000</b>	<b>COMMON</b>	<b>NPV</b>			
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<b>1000</b>	<b>COMMON</b>	<b>NPV</b>												
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.														
<b>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.</b>														
Name of Authorized Representative <b>SUSAN BENSON, PRESIDENT</b>				Date <b>1/18/20</b>										
Signature of Authorized Representative <i>Susan Benson</i> SIGN DOCUMENT HERE														

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov