



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

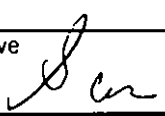
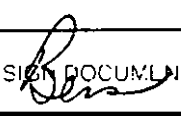
Annual Report for the year: 2020  
Corporation

- 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 <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.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<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 				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](http://www.sos.ri.gov)