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2020 FEB 25 ₱ 1:59

Annual Report for the year: 2017 **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. Easter 10 About as	To F .		1 1 1 1 1 A		
1. Entity ID Number 000555206	2. Exact name of the Limited Liability Company ROBERT A RICHARDS, LMHC, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
621112	PSCHOTHERPY PRIVATE PRACTICE MENTAL HEALTH				
5. State of Formation RI					
6. Principal Office Address			City	State	Zip
267 MAIN STREET			EAST GREENWICH	RI	02918
7. Mailing Address of Limited Lia		ny and Name or Tit		· · ·	1
Contact Name ROBERT A RICHARDS			Contact Title LLC MEMBER		
Street Address 111 MORGAN AVENUE			City CRANSTON	State RI	Z _{ip} 02920
8. List ALL managers (names a	nd addresses) of the Limited Lia	bility Company, IF APPLICABL	E - DO NOT LIST !	MEMBERS
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zıp
				Check the box to	ndicate an attachment
9. Resident Agent in Rhode Isla	nd This inform	ation is currently of re	ecord with the Department of State	. Changes require filin	g Farm 642
Under penalty of perjury, I dec statements, and that all states	lare and affil nents contail	rm that I have exa ned herein are tru	mined this report, including e and correct.	any accompanyin	g schedules and
Name of Authorized Person Date					
ROBERT A RICHARDS					
Signature of Authorized Person	7.0	STATE OF	นเทพรุชา อยู่พร	12/3	1/19

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos ri.gov FILED

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FORM 632 - Revised: 10/2017