



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

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Annual Report for the year: 2018
 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. Entity ID Number 1256303		2. Exact name of the Limited Liability Company Casey Comstock PhD LMHC LLC			
3. NAICS Code 999999		4. Brief description of the character of business conducted in Rhode Island mental health counseling			
5. State of Formation R.I					
6. Principal Office Address 42 Valley Rd		City Middletown	State RI	Zip 02842	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Casey Comstock			Contact Title sole proprietor		
Street Address 42 Valley Rd		City Middletown	State RI	Zip 02842	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name NA		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Person Casey Comstock				Date 7/6/2020	
Signature of Authorized Person Casey Comstock					

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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*Please mail documents to
 Casey Comstock
 PO Box 273
 Newport RI 02840*