	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S	treet	
HOPE	Providence RI 0290 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability comp n thirty (30) days after the time presc penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>000163038</u>	3		
2. Exact Name of the Lin	nited Liability Company <u>GERSH</u>	ON PSYCHOLOGICAL AS	SSOCIATES,
3. State of Formation			
State: <u>RI</u>			
	ARTICLE III		
-	Code that best describes the primary e information on <u>NAICS</u> can be found		tity. Download
<u>621420</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted in R	hode Island
RHODE ISLAND AND	YCHOLOGY PRACTICE PROV SOUTHEASTERN MASSACHU		
AND PSYCHOLOGICA	AL EVALUATIONS.		
5. Principal Office Addre	SS		
No. and Street: <u>400 BA</u> City or Town: <u>WARV</u>	ALD HILL RD., SUITE 530 VICK	State: <u>RI</u> Zip: <u>02886</u> Co	ountry: <u>USA</u>
6. Mailing Address of Lir	nited Liability Company and Name	or Title of Contact Person:	
	AN GERSHON Contact Title: OWN	ER	
No. and Street: <u>400 BA</u> City or Town: <u>WARN</u>	<u>ALD HILL RD., SUITE 530</u> /ICK	State: <u>RI</u> Zip: <u>02886</u> Co	ountry: <u>USA</u>
7. Name and Address of DO NOT LIST MEMBER	Each Manager of the Limited Liab	ility Company, if Applicable)
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

EDWARD D. FELDSTEIN, ESQ. 10 WEYBOSSET STREET, SUITE 800 PROVIDENCE, RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 23 Day of September, 2020 at 12:44:33 PM by the authorized person. 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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By JONATHAN GERSHON

Signature of Authorized Person

Form No. 632 Revised 09/07

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