	State of Rhode Office of the Secreta		Fee: \$50.00
Division Of Business Services			
148 W. River Street Providence RI 02904-2615			
HORE	(401) 222-30		
IOFE			
Limited Liability Company Annual Report			
Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2020			
1. ID No. <u>000690082</u>			
<b>2. Exact Name of the Limited Liability Company</b> <u>RHODE ISLAND DIVORCE MEDIATION</u> <u>CENTER, LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.			
<u>999999</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
DIVODCE MEDIATION SERVICES, DIVODCE DEDADATION AND SUDDODT SERVICES			
DIVORCE MEDIATION SERVICES, DIVORCE PREPARATION AND SUPPORT SERVICES AND ONLINE DIVORCE RESOURCES			
5. Principal Office Address			
	<u>OAKLAWN AVENUE</u> NSTON Si	ate: RI Zip: 02920	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: LORI A. GROVER Contact Title: OWNER   No. and Street: 1055 OAKLAWN AVENUE OWNER			
		te: <u>RI</u> Zip: <u>02920</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Addr	ess
	First, Middle, Last, Suffix	Address, City or Town, St	ate, 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

LORI A. GROVER 1055 OAKLAWN AVENUE CRANSTON, RI 02920

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

**Signed this 24 Day of October, 2020 at 11:21:30 AM 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 KEVIN J GROVER

Signature of Authorized Person

Form No. 632 Revised 09/07

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