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

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OCT 26 2020
BY

Annual Report for the year: 2020
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	2. Exact name of the Limited Liability Company		
1659918	**SOUTH COUNTY THERAPY, LLC**		
3. NAICS Code **621330**	4. Brief description of the character of business conducted in Rhode Island **TO PROVIDE INDIVIDUAL, MARRIAGE, CHILD AND FAMILY COUNSELING AND THERAPY.**		
5. State of Formation **RHODE ISLAND**			
6. Principal Office Address **23 NORTH ROAD, SUITE A-24**	City **WAKEFIELD**	State **RI**	Zip **02879**
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name **CYNTHIA M. LEWIS**	Contact Title **MEMBER**		
Street Address **PO BOX 5707**	City **WAKEFIELD**	State **RI**	Zip **02879**

8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **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	Zip	City	State	Zip

Check the box to indicate an attachment ☐

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	Date
CYNTHIA M. LEWIS, MEMBER	10/19/20
Signature of Authorized Person: Cynthia M. Lewis — SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov