



State of Rhode Island

Department of State - Business Services Division

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.

FILED

OCT 26 2020

BY

1298 DS

1. Entity ID Number 911583		2. Exact name of the Limited Liability Company Psychotherapy Practices of North Kingstown, LLC			
3. NAICS Code 621610		4. Brief description of the character of business conducted in Rhode Island Health services			
5. State of Formation Rhode Island					
6. Principal Office Address 1130 Ten Rod Road, Building E, Suite E101			City North Kingstown	State RI	Zip 02852
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Cecilia M. Duarte, PHD			Contact Title Member		
Street Address 1130 Ten Rod Road, Building E, Suite E101			City North Kingstown	State RI	Zip 02852
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 <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 Cecilia M. Duarte, PHD, Member				Date 10/14/20	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services

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