



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**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.** 001688310

**2. Exact Name of the Limited Liability Company** Smart Choice College Counseling LLC

**3. State of Formation**

State: RI

**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.

611310

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

WE ARE INDEPENDENT EDUCATIONAL CONSULTANTS WITH OVER 50 YEARS OF COLLEGE ADMISSION EXPERIENCE. WE WORK WITH BOTH COLLEGE STUDENTS WHO ARE APPLYING TO GRADUATE PROGRAMS AND WITH HIGH SCHOOL STUDENTS AND THEIR FAMILIES WHO ARE APPLYING TO COLLEGE. CLIENTS CAN CHOOSE TO HIRE US FOR ASSISTANCE WITH ONE OR TWO SPECIFIC ITEMS ASSOCIATED WITH THE COLLEGE ADMISSION PROCESS, OR THEY CAN HIRE US FOR A FULL SERVICE PACKAGE. ALL OF OUR RATES ARE LISTED ON OUR WEBSITE.

**5. Principal Office Address**

No. and Street: 18 MORGAN COURT  
City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name:      Contact Title:  
No. and Street:    18 MORGAN COURT  
City or Town:      NORTH KINGSTOWN      State: RI      Zip: 02852      Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name <small>First, Middle, Last, Suffix</small>	Address <small>Address, City or Town, State, Zip Code, Country</small>
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

DIANE DELGRECO 18 MORGAN COURT NORTH KINGSTOWN , RI 02852

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

**Signed this 1 Day of November, 2020 at 8:36:32 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 DIANE DELGRECO  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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