



State of Rhode Island
Department of State - Business Services Division

FILED

Annual Report for the year: 2020
Limited Liability Company

JAN 27 2021
 BY 521

- 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 (X)1686301		2. Exact name of the Limited Liability Company John M Bean, MA LMAC LLC			
3. NAICS Code 621330		4. Brief description of the character of business conducted in Rhode Island Mental Health Services			
5. State of Formation RI					
6. Principal Office Address 68 Summit Avenue		City Providence	State RI	Zip 02906	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name John Bean			Contact Title Owner/Sole Member		
Street Address 68 Summit Avenue		City Providence	State RI	Zip 02906	
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.					
<i>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.</i>					
Name of Authorized Person <u>John M. Bean</u>				Date <u>1/21/21</u>	
Signature of Authorized Person 					

MAIL TO:

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