



State of Rhode Island

Department of State - Business Services Division

STAMP

RECEIVED
STATE
DEPT. OF
BUS. SVCS. DIV.
2021 MAR - 5 PM 9:42

Annual Report for the year: 2019

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 505561		2. Exact name of the Limited Liability Company Ocean State Therapy Associates, LLC			
3. NAICS Code 621330		4. Brief description of the character of business conducted in Rhode Island Specialist in the treatment of addictions, trauma and healing.			
5. State of Formation RI					
6. Principal Office Address 1445 Wampanoag Trail, Suite 108 A			City East Providence	State R.I.	Zip 02915
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Lorraine Calouro			Contact Title Member		
Street Address 67 Cliff Drive			City Bristol	State R.I.	Zip 02809
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. 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 Lorraine Calouro				Date 3/2/21	
Signature of Authorized Person <i>Lorraine Calouro</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

MAR 5 2021

BY *[Signature]* DH3DN
9:45