State of Rhode Island

Department of State - Business Services Division

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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	2. Exact name of the Limited Liability Company
505561	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	City	State	Zip
1445 Wampanoag Trail, Suite 108 A	East Providence	R.I.	02915

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
Lorraine Calouro	Member		
Street Address	**City**	**State**	**Zip**
67 Cliff Drive	Bristol	R.I.	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	Date
Lorraine Calouro	3/2/21

Signature of Authorized Person: Lorraine Calouro

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 DH3DN
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FORM 632 - Revised: 08/2020