



**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. 001694128

2. Exact Name of the Limited Liability Company AUTISM FAMILY CONSULTANTS 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.

621610

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

HOME-BASED THERAPEUTIC SERVICES PROVIDER. WE PROVIDE THERAPEUTIC
APPLIED
BEHAVIOUR ANALYSIS SUPPORT TO FAMILIES WHO HAVE CHILDREN LIVING WITH
AUTISM

5. Principal Office Address

No. and Street: 10 DORRANCE STREET
SUITE 700

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

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

Contact Name: DIRECTOR Contact Title: VICTOR RIE

No. and Street: 10 DORRANCE STREET
SUITE 700

City or Town: PROVIDENCE

State: RI

Zip: 02903

Country: USA

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	VCTOR W RIE	10 DORRANCE STREET PROVIDENCE, RI 02903 US
MANAGER	GEORGE M MUNGAI	10 DORRANCE STREET PROVIDENCE, RI 02903 US
MANAGER	AUTISM FAMILY CONSULTANT	10 DORRANCE STREET, SUITE 700 PROVIDENCE, RI 02903 UNI

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

VICTOR RIE 10 DORRANCE STREET SUITE 700 PROVIDENCE , RI 02903

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

Signed this 12 Day of March, 2021 at 7:10:51 AM 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 VICTOR RIE
Signature of Authorized Person

Form No. 632
Revised 09/07

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