

FILED

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2021 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

MAR 22 2021
BY 22637

1. Entity ID Number 375118		2. Exact name of the Corporation South County Child and Family Consultants, Inc.			
3. Principal Office Address 1058 Kingstown Road			City Peace Dale	State RI	Zip 02879
4. NAICS Code 621112		6. Brief description of the character of business conducted in Rhode Island Psychiatric counseling.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Ira Randy Kulman			Vice-President Name None		
Street Address 1058 Kingstown Road			Street Address		
City Peace Dale	State RI	Zip 02879	City	State	Zip
Secretary Name Ira Randy Kulman			Treasurer Name Ira Randy Kulman		
Street Address 1058 Kingstown Road			Street Address 1058 Kingstown Road		
City Peace Dale	State RI	Zip 02879	City Peace Dale	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Ira Randy Kulman			Director Name		
Street Address 1058 Kingstown Road			Street Address		
City Peace Dale	State RI	Zip 02879	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES	CLASS/SERIALS	PAR VALUE
			100	Common	No par
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.					
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 Representative Ira Randy Kulman				Date 3/17 , 2021	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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

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Website: www.sos.ri.gov