FILED

MAR 22 2021

BY 22637

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.

1. Entity ID Number	2. Exact name of the Corporation			
375118	South County Child and Family Consultants, Inc.			
3. Principal Office Address		City	State	Zip
1058 Kingstown Road		Peace Dale	RI	02879
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
621112	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/SERIES	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	Date
Ira Randy Kulman	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
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017