



**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.** 001685140

**2. Exact Name of the Limited Liability Company** S dot Baker LICSW, 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.

621330

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

I PROVIDE OUT PATIENT MENTAL HEALTH COUNSELING SERVICES TO ADULTS  
SUFFERING FROM VARIOUS MENTAL  
HEALTH AND PSYCHO/SOCIAL ISSUES.

**5. Principal Office Address**

No. and Street: 110 EDDY STREET  
4TH FLOOR

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: SHERA D BAKER Contact Title: OWNER

No. and Street: 825 PONTIAC AVENUE  
APT 12 201

City or Town: CRANSTON State: RI Zip: 02910 Country: USA

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

| Title | Individual Name | Address |
|-------|-----------------|---------|
|-------|-----------------|---------|

First, Middle, Last, Suffix

Address, City or Town, State, Zip Code, Country

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

SHERA D. BAKER 110 EDDY STREET 4TH FLOOR 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 17 Day of May, 2021 at 8:20:33 PM 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 SHERA D BAKER  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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