



State of Rhode Island

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.

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JUN 14 2021

FOR
RECORD OF STATE
USE ONLY

ry 4003

| | | | | |
|--|--|--|------------------------|---------------------|
| 1. Entity ID Number 144468 | | 2. Exact name of the Corporation SUSAN BENSON LMFT, INC. | | |
| 3. Principal Office Address 6 HOLLAND DRIVE | | City WAKEFIELD | State RI | Zip 02879 |
| 4. NAICS Code 621330 | 6. Brief description of the character of business conducted in Rhode Island PROVIDE FAMILY THERAPY TO INDIVIDUALS AND FAMILIES | | | |
| 5. State of Incorporation RI | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | |
| President Name SUSAN BENSON | | Vice-President Name | | |
| Street Address 6 HOLLAND DRIVE | | Street Address | | |
| City WAKEFIELD | State RI | Zip 02879 | City | State |
| Secretary Name SUSAN BENSON | | Treasurer Name | | |
| Street Address 6 HOLLAND DRIVE | | Street Address | | |
| City WAKEFIELD | State RI | Zip 02879 | City | State |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| Director Name | | Director Name | | |
| Street Address | | Street Address | | |
| City | State | Zip | City | State |
| 9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/> | | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | 10. Shares Issued | | |
| | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | | 1000 | COMMON | NPV |
| 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 SUSAN BENSON, PRESIDENT | | | Date 6/10/21 | |
| Signature of Authorized Representative | | | | |