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.

STAMP

JUN 14 2021

FOR SECRETARY OF STATE USE ONLY

CY 4003

1. Entity ID Number	2. Exact name of the Corporation
144468	SUSAN BENSON LMFT, INC.

3. Principal Office Address	City	State	Zip
6 HOLLAND DRIVE	WAKEFIELD	RI	02879

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621330	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 ☐

President Name SUSAN BENSON			Vice-President Name		
Street Address 6 HOLLAND DRIVE			Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State	Zip
Secretary Name SUSAN BENSON			Treasurer Name		
Street Address 6 HOLLAND DRIVE			Street Address		
City WAKEFIELD	State RI	Zip 02879	City	State	Zip

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
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	Date
SUSAN BENSON, PRESIDENT	6/10/21

Signature of Authorized Representative: Susan Benson

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: 08/2020