



**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:** 2021

**1. ID No.** 000905617

**2. Exact Name of the Limited Liability Company** ANGELA RUDNER PSYCHOTHERAPY, 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**

PSYCHOTHERAPY PRACTICE

**5. Principal Office Address**

No. and Street: 1 RICHMOND SQUARE SUITE  
SUITE 128 C

City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: ANGELA RUDNER Contact Title:

No. and Street: 140 PITMAN STREET  
303

City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	ANGELA RUDNER	140 PITMAN STREET, 303

		PROVIDENCE, RI 02906 USA
MANAGER	LEWIS RUDNER	140 PITMAN STREET, 303 PROVIDENCE, RI 02906 USA

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

ANGELA RUDNER 2 REGENCY PLAZA APT.1212 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 3 Day of September, 2021 at 10:12:20 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 ANGELA RUDNER  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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