State of Rhode Island
Department of State - Business Services Division

FILED
SEP 07 2021
BY 149

Annual Report for the year: 2021
Limited Liability Company

→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact name of the Limited Liability Company
001686301	**John M. Bean, MA, LMHC, LLC**
3. NAICS Code 621330	4. Brief description of the character of business conducted in Rhode Island Psychotherapy / Mental Health Services
5. State of Formation RI	

6. Principal Office Address	City	State	Zip
501 Angell Street	Providence	RI	02906

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title			
John M. Bean	Counselor			
Street Address	**City**	**State**	**Zip**	
68 Summit Avenue	Providence	RI	02906	

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.

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 Person	Date
John M. Bean	9/2/2021

Signature of Authorized Person J. M. B 9/2/21

MAIL TO:
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