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State of Rhode Island
Department of State - Business Services Division

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SEP 14 2021
BY

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
001685331	**R W Silverman Counseling, LLC**
3. NAICS Code: 621330	4. Brief description of the character of business conducted in Rhode Island: Outpatient mental health counseling
5. State of Formation: Rhode Island	

6. Principal Office Address	City	State	Zip
534 Angell St	Providence	RI	02906

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

Contact Name	Contact Title			
Rachel W Silverman	manager			
Street Address	**City**	**State**	**Zip**	
7 Robin Circle	East Greenwich	RI	02818	

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

Manager Name	Manager Name				
Rachel W Silverman					
Street Address			**Street Address**		
7 Robin Circle					
City	**State**	**Zip**	**City**	**State**	**Zip**
East Greenwich	RI	02818			
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
Rachel W Silverman	9/9/2021

Signature of Authorized Person

MAIL TO:
Division of Business Services
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