RI SOS Filing Number: 202101625830 Date: 9/15/2021 4:00:00 PM State of Rhode Island **Department of State - Business Services Division** FRED

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inual Report for the year: 2021	SEP 1 5 2021	
nited Liability Company	M -2 14	•
Filing period: September 1 - November 1	EV \$ 361.0	
Filing Fee: \$50.00	200 - 11	•
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						
000561774	Bayside Counseling, LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
0 33 النما	courseling prochice						
5. State of Formation		J			!		
6. Principal Office Address treet, Suite 202			East breenwich	State 21	02818		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
contact Name Elizabeth Feisthanel		Contact Title OWNEC					
Street Address Main St. # 202		city East Greenwich	State 21	Zip 02815			
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		
			Che	ck the box to indi	cate 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 Elizabeth Feisthamel 9.13.2)					· 2)		
Signature of Authorized Person Will Will Will The Control of the							

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov