RI SOS Filing Number: 202101660020 Date: 9/15/2021 4:00:00 PM

Department of State - Business Services Division				FILED		
Annual Report for the Limited Liability Con → Filing period: Septen → Filing Fee: \$50.00 → Penalty: Additional \$2	mpany nber 1 - Novem		ecember 1.	BY	1 5 2021	
1. Entity ID Number 2. Exact name of the Limited L 788275 PSYCHONDUCATIONA			ed Liability Company			
3. NAICS Code 621330 5. State of Formation RHODE ISLAND	To provid	Brief description of the character of business conducted in Rhode Island To provide independent educational evaluation of elementary and secondary students with learning disabilities.				
6. Principal Office Address 494 Woonasquatucket Avenue, Unit 416			City North Providence	State RI	Zip 02911	
7. Mailing Address of Limite	d Liability Compa	any and Name or	Title of Contact Person	······································		
Contact Name Dr. Steven C. Imber			Contact Title Member			
Street Address 494 Woonasquatucket Ave., Unit 416			City North Providence	State RI	^{Zip} 02911	
	es and addresse	s) of the Limited	Liability Company, 1F APPLICABLE	- DO NOT LIST	MEMBERS	
Manager Name None.			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
<u> </u>	- 1			Check the box to i	indicate an attachment	
9. The Resident Agent infor	mation currently o	of record with the	RI Department of State is accurate	e. Changes requir	e filing Form 642.	

MAIL TO:

Division of Business Services

Name of Authorized Person

Signature of Authoriz

State of Rhode Island

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

statements, and that all statements contained herein are true and correct.

STEVEN C. IMBER

Phone: (401) 222-3040 Website: www.sos.ri.gov September 10, 2021

Date