



**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. 000592787

2. Exact Name of the Limited Liability Company MARISSA BAIN LICSW, 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

I AM A PSYCHOTHERAPIST WITH ANCHOR COUNSELING CENTER, INC. I WORK FULL TIME AND PROVIDE PSYCHOTHERAPY TO ADULTS, COUPLES AND FAMILIES. I AM ALSO THE CLINICAL DIRECTOR AND OVERSEE THE CLINICAL STAFF AND DAILY CLINICAL OPERATIONS OF ANCHOR COUNSELING CENTER AT ALL LOCATIONS. I ALSO OFFER LIFE COACHING SERVICES.

5. Principal Office Address

No. and Street: 40 SHERWOOD AVE 40 SHERWOOD AVE

City or Town: NORTH PROVIDENCE

State: RI Zip: 02911 Country: USA

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

Contact Name: MARISSA MELLO Contact Title:

No. and Street: 40 SHERWOOD AVE

City or Town: NORTH PROVIDENCE

State: RI Zip: 02911 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	MARISSA BAIN MELLO	40 SHERWOOD AVE 40 SHERWOOD AVE NORTH PROVIDENCE 02911 UNI

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

MARISSA BAIN 40 SHERWOOD AVENUE NORTH PROVIDENCE , RI 02911

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 11 Day of October, 2021 at 2:21:11 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 MARISSA BAIN MELLO
Signature of Authorized Person

Form No. 632
Revised 09/07

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