



**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2021

1. ID No. 001696599

2. Exact Name of the Limited Liability Company Cordeiro Counseling 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

MENTAL HEALTH COUNSELING PROVIDED TO CLIENTS ON AN OUTPATIENT BASIS.

5. Principal Office Address

No. and Street: 3047 EAST MAIN RD, SUITE 7B

City or Town: PORTSMOUTH

State: RI Zip: 02871 Country: USA

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

Contact Name: MEGAN CORDEIRO FERREIRA Contact Title: OWNER

No. and Street: 3047 EAST MAIN RD SUITE 7B

City or Town: PORTSMOUTH

State: RI Zip: 02871 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	MEGAN CORDEIRO FERREIRA	12 ALMEIDA DR WARREN, RI 02885 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MEGAN CORDEIRO FERREIRA 12 ALMEIDA DR WARREN , RI 02885

Signed this 19 Day of October, 2021 at 1:16:39 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 MEGAN CORDEIRO FERREIRA
Signature of Authorized Person

Form No. 632
Revised 09/07

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State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

October 19, 2021 01:15 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea", is written in a cursive style.

Nellie M. Gorbea
Secretary of State

