



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

OCT 27 2021

BY BJS

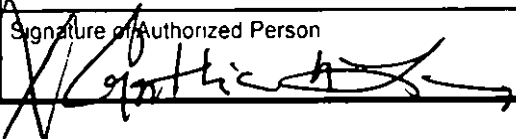
Annual Report for the year: **2021**

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 1659918		2. Exact name of the Limited Liability Company SOUTH COUNTY THERAPY, LLC			
3. NAICS Code 621330		4. Brief description of the character of business conducted in Rhode Island TO PROVIDE INDIVIDUAL, MARRIAGE, CHILD AND FAMILY COUNSELING AND THERAPY.			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 23 NORTH ROAD, SUITE A-24		City WAKEFIELD		State RI	Zip 02879
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name CYNTHIA M. LEWIS		Contact Title MEMBER			
Street Address PO BOX 5707		City WAKEFIELD		State RI	Zip 02879
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
Check the box to indicate an attachment ☐					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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 CYNTHIA M. LEWIS, MEMBER				Date 10/18/2021	
Signature of Authorized Person  MEMBER SIGN/DOCUMENT HERE					

MAIL TO:

Division of Business Services

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