

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.

FILED					
OCT 29 2021 A 142					

1. Entity ID Number 84-869-982 1701884	2. Exact name of the Limited Liability Company Insight RI LLC					
3. NAICS Code 621330	Brief description of the character of business conducted in Rhode Island     Insight RI LLC provides mental health counseling for individuals, couples, and families.					
5. State of Formation Rhode Island						
6. Principal Office Address			City	State	Zip	
14 East Ave.			North Providence	RI	02911	
7. Mailing Address of Limited Lia	bility Compan	y and Name or Tit	le of Contact Person			
Contact Name Joshua Bennett			Contact Title			
Street Address 14 EAst Ave.			City North Providence	State RI	<sup>Zip</sup> 02911	
8. List ALL managers (names ar		of the Limited Lia	bility Company, IF APPLICABLE	- DO NOT LIST	MEMBERS	
Manager Name Joshua Bennett			Manager Name			
Street Address 14 East Ave.			Street Address			
City North Providence	State RI	<sup>Zip</sup> 02911	City	State	Zip	
Manager Name		•	Manager Name			
Street Address		<del></del>	Street Address			
City	State	Zip	City	State	Zip	
<u> </u>	·			Check the box to	indicate an attachment	
9. The Resident Agent information	on currently of	record with the RI	Department of State is accurate	e. Changes requir	e filing Form 642.	
Under penalty of perjury, I dec statements, and that all staten	lare and affin nents contain	m that I have exa ed herein are tru	mined this report, including a e and correct.	ny accompanyin	ng schedules and	
Name of Authorized Person					Date	
Joshua Bennett				10/26/2021		
Signature of Authorized Person	mil			<u> </u>		

MAIL TO:

**Division of Business Services** 

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

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