



State of Rhode Island

## Department of State - Business Services Division

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R.I. DEPT. OF STATE  
BUS SVCS DIV

2021 NOV 29 P 1:44

Annual Report for the year: **2020**

## 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 <b>000841141</b>		2. Exact name of the Limited Liability Company <b>The Center For Change LLC</b>	
3. NAICS Code <b>621330</b>		4. Brief description of the character of business conducted in Rhode Island <b>Offices of Mental Health Practitioners (except Physicians)</b>	
5. State of Formation <b>Rhode Island</b>			
6. Principal Office Address <b>1045 Warwick Ave Suite 101</b>		City <b>Warwick</b>	State <b>RI</b>
		Zip <b>02888</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Kristin David</b>		Contact Title <b>Owner</b>	
Street Address <b>1045 Warwick Ave</b>		City <b>Warwick</b>	State <b>RI</b>
		Zip <b>02888</b>	
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	City	State
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Check the box to indicate an attachment <input type="checkbox"/>			
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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 <b>Kristin David</b>		Date <b>11/22/2021</b>	
Signature of Authorized Person 			

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

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