



**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. 000788473

2. Exact Name of the Limited Liability Company MEDIATION DIALOGUE INSTITUTE 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.

926150

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

TRAINING: CONFLICT ANALYSIS AND MANAGEMENT THROUGH MEDIATION, NEGOTIATION, ARBITRATION, FACILITATION. (WORKPLACE, FAMILY MEDIATION, COMMUNITY MEDIATION, RECONCILIATION AND RESTORATIVE JUSTICE, PEER MEDIATION, NON-VIOLENCE COMMUNICATION, DOMESTIC VIOLENCE AND RELAPSE PREVENTION.

PARAPROFESSIONAL TRAINING AND CERTIFICATION. APPRENTICESHIP, MENTORSHIP, PRACTICUM, - THROUGH HANDS-ON. DAILY LIVING SKILLS FOR JOB PLACEMENTS AND ADVANCEMENTS

WOMEN ADVANCEMENT AND JOB TRAINING.

EVENT & WEDDING PLANNING, BAKED GOODS AND SUPPLIES

5. Principal Office Address

No. and Street: 127 PECK HILL ROAD

City or Town: NORTH SCITUATE

State: RI

Zip: 02857

Country: USA

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

Contact Name: Contact Title:
No. and Street: 127 PECK HILL ROAD
City or Town: NORTH SCITUATE State: RI Zip: 02857 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name <small>First, Middle, Last, Suffix</small>	Address <small>Address, City or Town, State, Zip Code, Country</small>
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

EILEEN VIEIRA 127 PECK HILL ROAD NORTH SCITUATE , RI 02857

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

Signed this 14 Day of December, 2021 at 9:57:25 AM 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 EILEEN VIEIRA
Signature of Authorized Person

Form No. 632
Revised 09/07

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