



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2018
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 000688944		2. Exact name of the Limited Liability Company PATHS of Rhode Island, LLC			
3. NAICS Code 621112		4. Brief description of the character of business conducted in Rhode Island Mental Health Counseling, Healthcare Practice			
5. State of Formation RI					
6. Principal Office Address 3288 Post Rd.			City Warwick	State RI	Zip 02886
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name David Klapatch			Contact Title owner / therapist		
Street Address 40 Keeher Ave			City Newport	State RI	Zip 02840
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name David Klapatch			Manager Name		
Street Address 40 Keeher Ave			Street Address		
City Newport	State RI	Zip 02840	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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					
<i>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.</i>					
Name of Authorized Person David Klapatch				Date 12/14/2021	
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

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BY _____