		e of Rhode Isla the Secretary		Fee: \$50.00
	Divisio	n Of Business Se	ervices	
	14	8 W. River Stree	et	
	Provid	dence RI 02904-	2615	
7636		(401) 222-3040		
Limited Liability Annual Report Filing Period: Febru				
refusing to file its a	R.I.G.L. 7-16-66(d), each l nnual report within thirty (3 66(b&c)) is subject to a pen	0) days after the	time prescribed	by
ANNUAL REPORT	YEAR: <u>2023</u>			
1. ID No. <u>0016</u>	581872			
2. Exact Name of the Limited Liability Company <u>MARYANN M. ABNEY, LLC</u>				
3. State of Forma	tion			
State: <u>RI</u>				
		ARTICLE III		
	NAICS Code that best desc of codes <u>here.</u> More inform			
<u>621330</u>				
4. Brief Description	on of the Character of the I	Business Which	is Actually Con	ducted in Rhode
PSYCHIATRIC I	EVALUATIONS AND TR	EATMENT AR	E PROVIDED	IN THIS PRIVATE
PRACTICE SET				
	CED PRACTICE REGIST	TERED NURSE	. TREATMENT	<u>CAN CONSIST OF</u>
THERAPY AND	<u>/OR</u>			
MEDICATION N	MANAGEMENT.			
5. Principal Office	e Address			
No. and Street:	233 HOLLY ROAD			
City or Town:	WAKEFIELD	State: <u>RI</u>	Zip: <u>02879</u>	Country: <u>USA</u>
6. Mailing Addres	s of Limited Liability Comp	bany and Name o	or Title of Conta	ct Person:
Contact Name: C	Contact Title:			
No. and Street:	233 HOLLY ROAD			•
City or Town:	WAKEFIELD	State: RI	Zip: 02879	Country: USA

## 7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MARYANN M. ABNEY 233 HOLLY ROAD WAKEFIELD , RI 02879

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

**Signed this 19 Day of January, 2023 at 1:01:51 PM 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 MARY ANN M. ABNEY, APRN, BC

Signature of Authorized Person

Form No. 632 Revised 09/07

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