



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

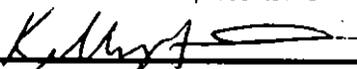
Annual Report for the year: **2023**  
 Corporation

FEB 24 2023 **STAMP**

FOR

231

- Filing period January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number <b>000164643</b>		2. Exact name of the Corporation <b>Kelley Faria, LMHC, Inc.</b>			
3. Principal Office Address <b>1130 Ten Rod Road, Suite E102 2364 Post Road, Suite 202</b>		City <b>North Kingstown Warwick</b>		State <b>RI</b>	Zip <b>02852 02886</b>
4. NAICS Code <b>621330</b>		6. Brief description of the character of business conducted in Rhode Island <b>Mental Health Counseling</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Kelley Faria</b>			Vice-President Name <b>None</b>		
Street Address <b>17 Henry Street</b>			Street Address		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
Secretary Name <b>Kelley Faria</b>			Treasurer Name <b>Kelley Faria</b>		
Street Address <b>17 Henry Street</b>			Street Address <b>17 Henry Street</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Kelley Faria</b>			Director Name <b>None</b>		
Street Address <b>17 Henry Street</b>			Street Address		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>100</b>	<b>Common</b>	<b>No Par Value</b>	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>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.</b>					
Name of Authorized Representative <b>Kelley Faria</b>				Date <b>2/21/23</b>	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		