



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

 RECEIVED
 R.I. DEPT. OF STATE
 BUS SVCS DIV

1. Entity ID Number 1733008		2. Exact name of the Corporation Niki M. Best, LMHC Inc.				7/13 APR 18 AM 4:20										
3. Principal Office Address 1 Richmond Square, Suite 103K			City Providence		State RI		Zip 02906									
4. NAICS Code 621330		6. Brief description of the character of business conducted in Rhode Island Counseling														
5. State of Incorporation RI																
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>																
President Name Niki M. Best				Vice-President Name												
Street Address 1 Richmond Square, Suite 103K				Street Address												
City Providence		State RI		Zip 02906		City										
Secretary Name Niki M. Best		Treasurer Name Niki M. Best		City		State										
Street Address 1 Richmond Square, Suite 103K				Street Address 1 Richmond Square, Suite 103K												
City Providence		State RI		Zip 02906		City Providence										
		State RI		Zip 02906		State RI										
		Zip 02906				Zip 02906										
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>																
Director Name				Director Name												
Street Address				Street Address												
City		State		Zip		City										
		State		Zip		State										
		Zip				Zip										
Director Name				Director Name												
Street Address				Street Address												
City		State		Zip		City										
		State		Zip		State										
		Zip				Zip										
9. Shares Authorized				10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.				<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>\$0.01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	\$0.01			
				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
100	Common	\$0.01														
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.																
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 Representative Niki M. Best, President						Date 4/5/23										
Signature of Authorized Representative <i>Niki M. Best</i>						FILED APR 18 2023 BY VeJH9										

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov