



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.

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BUS SVCS DIV

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1. Entity ID Number 1733008		2. Exact name of the Corporation Niki M. Best, LMHC Inc.			
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	State	Zip
Secretary Name Niki M. Best			Treasurer Name Niki M. Best		
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
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
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	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.			NUMBER OF SHARES		CLASS/SERIES
			100		Common
			PAR VALUE		\$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>					

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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

FORM 630 - Revised: 11/2021