




State of Rhode Island
Department of State - Business Services Division

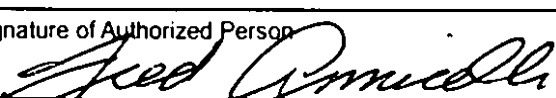
FILED

APR 20 2023

BY 2757


Annual Report for the year: 2023
Limited Liability Company

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>000157572</u>		2. Exact name of the Limited Liability Company <u>F. ANNICELLI, LLC</u>	
3. NAICS Code <u>621330</u>		4. Brief description of the character of business conducted in Rhode Island <u>MASTERS DEGREE LEVEL PSYCHOLOGIST WORKING WITH ADULTS WITH DEVELOPMENTAL DISABILITIES</u>	
5. State of Formation <u>RI</u>			
6. Principal Office Address <u>134 PROSPECT AVE</u>		City <u>NORTH KINGSTOWN</u>	State <u>RI</u>
		Zip <u>02852</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>FRED ANNICELLI</u>		Contact Title <u>OWNER / MEMBER</u>	
Street Address <u>P.O. BOX 875</u>		City <u>NORTH KINGSTOWN</u>	State <u>RI</u>
		Zip <u>02852</u>	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
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 Person <u>FRED ANNICELLI</u>		Date <u>4/17/2023</u>	
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