



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FEB 26 2024

4321

1 Entity ID Number 144468		2. Exact name of the Corporation SUSAN BENSON LMFT, INC.												
3 Principal Office Address 6 HOLLAND DRIVE			City WAKEFIELD	State RI	Zip 02879									
4 NAICS Code 621330		6 Brief description of the character of business conducted in Rhode Island PROVIDE FAMILY THERAPY TO INDIVIDUALS AND FAMILIES												
5 State of Incorporation RI														
7 List ALL officers (names and addresses) Check the box to indicate an attachment ☐														
President Name SUSAN BENSON			Vice-President Name											
Street Address 6 HOLLAND DRIVE			Street Address											
City WAKEFIELD	State RI	Zip 02879	City	State	Zip									
Secretary Name SUSAN BENSON			Treasurer Name											
Street Address 6 HOLLAND DRIVE			Street Address											
City WAKEFIELD	State RI	Zip 02879	City	State	Zip									
8 List ALL directors (names and addresses) Check the box to indicate an attachment ☐														
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 ☐											
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>1000</td> <td>COMMON</td> <td>NPV</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	1000	COMMON	NPV			
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1000	COMMON	NPV												
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 SUSAN BENSON, PRESIDENT				Date 2/6/24										
Signature of Authorized Representative <i>Susan Benson</i>														