

State of Rhode Island Department of State - Business Services Division

APR D 8 2021 BY

Annual Report for the year: 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.

2024

Entity ID Number	2. Exact name of the Limited Liability Company				
127889	JANE VIEIRA-IE	JANE VIEIRA-IEMMA, LICSW, LLC			
3. NAICS Code 621330	4. Brief description of the Healthcare	Brief description of the character of business conducted in Rhode Island Healthcare			
5. State of Formation					
6. Principal Office Address		City	State	Zip	
16 Cambridge Circle		Smithfield	RI	02917	
7. Mailing Address of Limi	ted Liability Company and Name	or Title of Contact Person			
Contact Name Jane Vieira-lemma		Contact Title Member			
Street Address 16 Cambridge Circle		City Smithfield	State RI	^{Zip} 02917	
8. The Resident Agent info	ormation currently of record with t	he RI Department of State is accu	rate. Changes requir	e filing Form 642.	
9. Under penalty of perj	ury, I declare and affirm that I h statements contained herein a	ave examined this report, includ	ling any accompany	ying schedules and	
Name of Authorized Person			Date		
Jane Vieira-lemma		03	106/29		

MAIL TO:

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