State of Rhode Island Office of the Secretary of State	Fee: \$50.00
Division Of Business Services 148 W. River Street	
Providence RI 02904-2615	
(401) 222-3040	
Limited Liability Company Annual Report	
Filing Period: February 1 - May 1	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or	
refusing to file its annual report within thirty (30) days after the time prescribed by	
law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024 : <u>2024</u>	
1. ID No. <u>000165054</u>	
2. Exact Name of the Limited Liability Company <u>JEFFREY D. HUGHES PSY.</u>	D. LLC
3. State of Formation	
State: <u>RI</u>	
NAICS CODE	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity.	
Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online	
<u>624190</u>	
4. Brief Description of the Character of the Business Which is Actually Conduc	ted in Rhode
Island	
TO PROVIDE MENTAL HEALTH SERVICES	
TO PROVIDE MENTAL HEALTH SERVICES	
5. Principal Office Address	
5. Principal Office Address No. and Street: 340 BROADWAY	
5. Principal Office Address No. and Street: 340 BROADWAY SUITE 2	
5. Principal Office Address No. and Street: 340 BROADWAY SUITE 2	Country: <u>USA</u>
5. Principal Office Address No. and Street: 340 BROADWAY SUITE 2	
5. Principal Office Address No. and Street: 340 BROADWAY SUITE 2 City or Town: PROVIDENCE State: RI Zip: 02909 Company and Name or Title of Contact F	
5. Principal Office Address No. and Street: 340 BROADWAY SUITE 2 City or Town: PROVIDENCE State: RI Zip: 02909 6. Mailing Address of Limited Liability Company and Name or Title of Contact FREY HUGHES Contact Title: PSYCHOLOGIST/OWNER	
5. Principal Office Address No. and Street: 340 BROADWAY SUITE 2 City or Town: PROVIDENCE State: RI Zip: 02909 6. Mailing Address of Limited Liability Company and Name or Title of Contact F Contact Name: JEFFREY HUGHES Contact Title: No. and Street: 340 BROADWAY	
5. Principal Office Address No. and Street: 340 BROADWAY SUITE 2 City or Town: PROVIDENCE State: RI Zip: 02909 6. Mailing Address of Limited Liability Company and Name or Title of Contact F Contact Name: JEFFREY HUGHES Contact Title: No. and Street: 340 BROADWAY SUITE 2	

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

JEFFREY HUGHES 340 BROADWAY, SUITE 2 PROVIDENCE , RI 02909

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 23 Day of April, 2024 at 9:02:08 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JEFFREY D HUGHES

Signature of Authorized Person

Form No. 632 Revised 09/07

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