



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

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24 MAY 2 AM 9:05:24

- 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 001733008		2. Exact name of the Corporation Niki M. Best, LMHC Inc.			
3. Principal Office Address 20 Duck Cove Road		City North Kingstown		State RI	Zip 02852
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 20 Duck Cove Road		Street Address			
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Niki M. Best		Treasurer Name Niki M. Best			
Street Address 20 Duck Cove Road		Street Address 20 Duck Cove Road			
City North Kingstown	State RI	Zip 02852	City North Kingstown	State RI	Zip 02852
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		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	Common	\$.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 4/7/24	
Signature of Authorized Representative <i>Niki Best</i>				FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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