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State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2021
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.

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Entity ID Number	2. Exact name of the Limited Liability Company					
001664080	Garden City Psychiatry LLC					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
621330	Providing mental health medication management to children and adults					
5. State of Formation						
RI						
6. Principal Office Address City		State	Zip			
105 Sockanosset Crossroad Suite 320		Cranston	RI	02920		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contect Name Melanie Koehler		Contact Title Owner				
Street Address 105 Sockanosset Crossrd Suite 320		Cranston	State	^{Zip} 02920		
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.						
9. 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			Date	Date		
Melanie Koehler			06/19/2024			
Signature of Authorized Person White Weller						

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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