

State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2022 **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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| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | | | | |
|---|---|---------------------|------------|----------------------|--|--|--|
| 000321640 | Christopher Reidy, M.S.W., LLC | | | | | | |
| 3. NAICS Code 621330 | Brief description of the character of business conducted in Rhode Island Practice of Clinical Social Work | | | | | | |
| 5. State of Formation | 7 | | | | | | |
| Rhode Island | | | | | | | |
| 6. Principal Office Address | L | City | State | Zip | | | |
| 38 Bellevue Ave., Unit J | | Newport | RI | 02840 | | | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | | | | |
| Contact Name Christopher Reidy | | Contact Title Owner | | | | | |
| Street Address 9 Kay Ter | *** | City Newport | State | ^{Zip} 02840 | | | |
| 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 | | | |
| Christopher Reidy | | | 12-10-2024 | | | | |
| Signature of Authorized Person | | | | | | | |

FILED

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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