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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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1. Entity ID Number	2. Exact name of the Limited Liability Company				
000321640	Christopher Reidy, M.S.W., LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
621330	Practice of Clinical S	ocial Work			
5. State of Formation					
Rhode Island					
6. Principal Office Address	<u> </u>	City	State	Zip	
38 Bellevue Ave., Uni	t J	Newport	RI	02840	
7. Mailing Address of Limited	Liability Company and Name or	Title of Contact Person			
Contact Name Christopher			Owner		
Street Address 9 Kay Ter		City Newport	State	^{Zip} 02840	
8. The Resident Agent inform	nation currently of record with the	RI Department of State is acc	urate. Changes requir	e 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		12-10-20	12-10-2024		
Signature of Authorized Person Control Rend					

MAIL TO:

Division of Business Services

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

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