



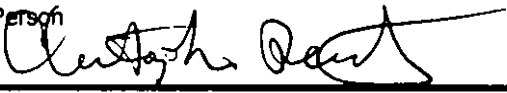
State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2019

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.

1. Entity ID Number 000321640		2. Exact name of the Limited Liability Company Christopher Reidy, M.S.W., LLC	
3. NAICS Code 621330		4. Brief description of the character of business conducted in Rhode Island Practice of Clinical Social Work	
5. State of Formation Rhode Island			
6. Principal Office Address 38 Bellevue Ave., Unit J		City Newport	State RI
		Zip 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 RI
		Zip 02840	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <i>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.</i>			
Name of Authorized Person Christopher Reidy		Date 12-10-2024	
Signature of Authorized Person 			

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
JAN 07 2025
BY SLJEP
AA. 2:32pm.