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	2. Exact name of the Limited Liability Company		
000321640	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. ***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: Christopher Reidy		Date: 12-10-2024	
Signature of Authorized Person: Christopher Reidy			

FILED
JAN 07 2025
BY SCJFP
AA. 2:32pm.

MAIL TO:
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