RI SOS Filing Number: 202562071670 Date: 1/7/2025 2:31:00 PM



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

Annual Report for the year:
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.

25 (F		
O RIDOS 850 PAN 7 PH2:28:2		
:23 1		

Entity ID Number	2. Exact name of the Limited Liability Company						
000321640	Christopher Reidy, M.S.W., LLC						
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island						
621330	Practice of Clinical Social Work						
5. State of Formation							
Rhode Island							
6. Principal Office Address	·	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 RI	<sup>Zip</sup> 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			12-10-202	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 BYSCIFP AA. Q'31pm.