



State of Rhode Island
Department of State - Business Services Division

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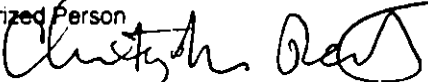
Annual Report for the year: 2016

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. 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 				

FILED

JAN 07 2025

BY SCJFP

AA. 2:29pm.

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

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