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State of Rhode Island
Department of State - Business Services Division

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	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	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 SCTFP
AA. 2:29pm.

MAIL TO:
Division of Business Services
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