

## 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.

725 J		
REC'D RIDOS BSD '25 JAN 7 PH2:28:15	<b>3</b> (7.5%)	

1. Entity ID Number	2. Exact name of the Limited	2. Exact name of the Limited Liability Company					
000321640	Christopher Reidy,	Christopher Reidy, M.S.W., LLC					
3. NAICS Code	•	Brief description of the character of business conducted in Rhode Island     Practice of Clinical Social Work					
621330	- Fractice of Clinical Sc	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 T	itle 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 inform	mation currently of record with the f	RI Department of State is acc	urate. Changes requir	e filing Form 642.			
	r, I declare and affirm that I have atements contained herein are tr		ding any accompany	ing schedules and			
Name of Authorized Person			Date				
Christopher Reidy			12-10-2024				
Signature of Authorized Pers	ityh Dan		•				

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