

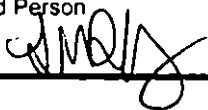


State of Rhode Island
Department of State - Business Services Division

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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 001685090 | | 2. Exact name of the Limited Liability Company Lori Duffy Counseling, LLC | |
| 3. NAICS Code 621330 | | 4. Brief description of the character of business conducted in Rhode Island Private mental health therapy practice | |
| 5. State of Formation RI | | | |
| 6. Principal Office Address 426 Scrabbletown Road | | City North Kingstown | State RI |
| | | Zip 92852 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name Lori Duffy | | Contact Title Member | |
| Street Address 426 Scrabbletown Road | | City North Kingstown | State RI |
| | | Zip 92852 | |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642 | | | |
| 9. <i>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.</i> | | | |
| Name of Authorized Person Lori Duffy | | Date 1/16/25 | |
| Signature of Authorized Person  | | | |

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JAN 29 2025

BY 59mry



MAIL TO:

Division of Business Services
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