State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Fee: $50.00

Limited Liability Company Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. ID No. 001704701

2. Exact Name of the Limited Liability Company Michael Wolfe MD, LLC

3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

621112

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

PSYCHIATRIC SERVICES (COMPASSIONATE, CONFIDENTIAL, AND HIGH QUALITY CARE OF
PATIENTS
AND FAMILIES) WHICH INCLUDES: PSYCHIATRIC CONSULTATION, LIAISON AND CONSULTATION
WITH OTHER THERAPISTS AND MEDICAL PROVIDERS, MEDICATION MANAGEMENT/PSYCHOPHARMACOLOGY, AND PSYCHOTHERAPY.

5. Principal Office Address

No. and Street: C/O HARTSELLE AND ASSOCIATES
10 ELMGROVE AVE.
City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: MICHAEL WOLFE, MD Contact Title: OWNER
No. and Street: C/O HARTSELLE AND ASSOCIATES
10 ELMGROVE AVE.
City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MICHAEL WOLFE HARTSELLE & ASSOCIATES 10 ELMGROVE AVENUE PROVIDENCE , RI 02906

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 22 Day of April, 2025 at 10:19:26 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MICHAEL WOLFE, MD
Signature of Authorized Person

Form No. 632
Revised 09/07