RALPH MO	State of Rhode Island and Providence Plantatio Office of the Secretary of State	ons Fee: \$50.0
	Division Of Business Services	
	148 W. River Street	
Se Charte	Providence RI 02904-2615	
cretary of	(401) 222-3040	
	lity Company	
Innual Repor	nt otember 1 - November 1	
le its annual repo	th R.I.G.L. 7-16-66(d), each limited liability company failing or refusing or within thirty (30) days after the time prescribed by law (R.I.G.L. subject to a penalty fee of \$25.00.	to
	RT YEAR: 2012	
	00557819	
2. Exact Name CENTER, LLC	e of the Limited Liability Company <u>HOPE COUNSELING and MI</u>	EDIATION
3. State of Fori	mation	
3. State of Forn State: <u>RI</u>	mation	
State: <u>RI</u> 4. Brief Descrip	otion of the Character of the Business Which is Actually Conducte	ed in Rhode Island
State: <u>RI</u> <b>4. Brief Descrip</b> We offer marria,		ed in Rhode Island
State: <u>Rl</u> 4. Brief Descrip We offer marria Divorce Mediat	otion of the Character of the Business Which is Actually Conducten age, family and individual mental Counseling services and tion services. We are also offer group counseling.	ed in Rhode Island
State: <u>RI</u> 4. Brief Descrip We offer marria, Divorce Mediat 5. Principal Offi	otion of the Character of the Business Which is Actually Conductenge, family and individual mental Counseling services and tion services. We are also offer group counseling. Tice Address	ed in Rhode Island
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State: <u>RI</u> 4. Brief Descrip We offer marria Divorce Mediat 5. Principal Offi No. and Street: City or Town: 6. Mailing Addr	Detion of the Character of the Business Which is Actually Conducted         age, family and individual mental Counseling services and         tion services. We are also offer group counseling.         ice Address         1525 OLD LOUISQUISSET PIKE         B-104         LINCOLN       State: RI         ress of Limited Liability Company and Name or Title of Contact Parents	<u>65</u> Country: <u>USA</u>
State: <u>RI</u> 4. Brief Descrip We offer marria, Divorce Mediat 5. Principal Offi No. and Street: City or Town: 6. Mailing Addre Contact Name:	Detion of the Character of the Business Which is Actually Conducted         age, family and individual mental Counseling services and         tion services. We are also offer group counseling.         ice Address         1525 OLD LOUISQUISSET PIKE         B-104         LINCOLN       State: RI         ress of Limited Liability Company and Name or Title of Contact Page	<u>65</u> Country: <u>USA</u>
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State: <u>RI</u> 4. Brief Descrip We offer marriag Divorce Mediat 5. Principal Offi No. and Street: City or Town: 6. Mailing Addr Contact Name: No. and Street:	Detion of the Character of the Business Which is Actually Conducted         age, family and individual mental Counseling services and         tion services. We are also offer group counseling.         ice Address         1525 OLD LOUISQUISSET PIKE         B-104         LINCOLN       State: RI         ress of Limited Liability Company and Name or Title of Contact Part         REBECCA NELSON Contact Title:       OWNER/DIRECTOR         1525 OLD LOUISQUISSET PIKE	<u>65</u> Country: <u>USA</u> erson:
State: <u>RI</u> 4. Brief Descrip We offer marria, Divorce Mediat 5. Principal Offi No. and Street: City or Town: 6. Mailing Addr Contact Name: No. and Street: City or Town:	Detion of the Character of the Business Which is Actually Conducter         age, family and individual mental Counseling services and         tion services. We are also offer group counseling.         ice Address         1525 OLD LOUISQUISSET PIKE         B-104         LINCOLN       State: RI         REBECCA NELSON Contact Title:       OWNER/DIRECTOR         1525 OLD LOUISQUISSET PIKE         B-104       LINCOLN         State: RI       Zip: 028         ddress of Each Manager of the Limited Liability Company, if App	65       Country: USA         erson:         65       Country: USA
State: <u>RI</u> 4. Brief Descrip We offer marria; Divorce Mediat 5. Principal Offi No. and Street: City or Town: 6. Mailing Addr Contact Name: No. and Street: City or Town: 7. Name and Ac DO NOT LIST	bition of the Character of the Business Which is Actually Conducter         age, family and individual mental Counseling services and         tion services. We are also offer group counseling.         ice Address         1525 OLD LOUISQUISSET PIKE         B-104         LINCOLN       State: RI         REBECCA NELSON Contact Title:       OWNER/DIRECTOR         1525 OLD LOUISQUISSET PIKE         B-104         LINCOLN       State: RI         Zip: 028         ress of Limited Liability Company and Name or Title of Contact Program         1525 OLD LOUISQUISSET PIKE         B-104         LINCOLN       State: RI         Zip: 028         ddress of Each Manager of the Limited Liability Company, if App T MEMBERS	65    Country: USA      erson:      65    Country: USA      blicable.
<ul> <li>4. Brief Descrip</li> <li>We offer marria; Divorce Mediat</li> <li>5. Principal Offi</li> <li>No. and Street:</li> <li>City or Town:</li> <li>6. Mailing Addression</li> <li>Contact Name:</li> <li>No. and Street:</li> <li>City or Town:</li> <li>City or Town:</li> <li>7. Name and Addression</li> </ul>	Detion of the Character of the Business Which is Actually Conducted         age, family and individual mental Counseling services and         tion services. We are also offer group counseling.         ice Address         1525 OLD LOUISQUISSET PIKE         B-104         LINCOLN       State: RI         REBECCA NELSON Contact Title:       OWNER/DIRECTOR         1525 OLD LOUISQUISSET PIKE         B-104       LINCOLN         State:       RI         Zip:       028         ddress of Limited Liability Company and Name or Title of Contact PA         B-104       LINCOLN         State:       RI         Zip:       028         ddress of Each Manager of the Limited Liability Company, if App         TMEMBERS       Individual Name	65       Country: USA         erson:         65       Country: USA

## REBECCA NELSON 1525 OLD LOUISQUISSET PIKE, C-103 LINCOLN, RI 02865

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

**Signed this 24 Day of September, 2012 at 11:10:40 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 <u>REBECCA NELSON</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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