Si Si	tate of Rhode Island and Pro Office of the Secret		Fee: \$50.00
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040			
Limited Liability Company Annual Report Filing Period: September 1 - November 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: 2018			
1. ID No. <u>001664600</u>			
2. Exact Name of the Limited Liability Company <u>Kathryn Fleming-Ives LLC</u>			
3. State of Formation			
State: <u>RI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>621112</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
I AM A PSYCHIATRIST AND I SEE PATIENTS IN MY PRIVATE PRACTICE FOR TREATMENT OF MENTAL HEALTH ISSUES			
5. Principal Office Addres	55		
	OPE STREET, UNIT 1 /IDENCE S	tate: <u>RI</u> Zip: <u>02906</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: KATHRYN FLEMING-IVES Contact Title: MD No. and Street: 355 HOPE STREET, UNIT 1 City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Address, City or Town, State	

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

REGISTERED AGENTS INC. ONE RICHMOND SQUARE, SUITE 125B PROVIDENCE, RI 02906

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

Signed this 11 Day of October, 2018 at 11:26:59 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>KATHRYN FLEMING-IVES</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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