

AMENDED ANNUAL REPORT



Corporation Division
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E-FILED
Sep 13, 2019
OREGON SECRETARY OF STATE

REGISTRY NUMBER

135375293

REGISTRATION DATE

09/08/2017

BUSINESS NAME

MENTOR SUPPORT COLLABORATIVE LLC

BUSINESS ACTIVITY

TRAUMA INFORMED CARE TRAINING FOR THOSE WHO WORK WITH COMPLEX TRAUMA SURVIVORS.

MAILING ADDRESS

13203 SE 172ND AVE STE 166 #228
HAPPY VALLEY OR 97086 USA

TYPE

DOMESTIC LIMITED LIABILITY COMPANY

PRIMARY PLACE OF BUSINESS

14221 SE 187TH AVENUE
DAMASCUS OR 97089 USA

JURISDICTION

OREGON

REGISTERED AGENT

DARLENE LOUISE DOMENIGONI

14221 SE 187TH AVE
DAMASCUS OR 97089 USA

If the Registered Agent has changed, the new agent has consented to the appointment.

MEMBER

DARLENE LOUISE DOMENIGONI

14221 SE 187TH AVE
DAMASCUS OR 97089 USA

MEMBER

DONALD MARK DOMENIGONI JR

14221 SE 187TH AVE
DAMASCUS OR 97089 USA



MANAGER

ANGELA M. MILLER

1805 SE LEWELLYN AVE
TROUTDALE OR 97060 USA

I declare, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, managers, members or agents of the limited liability company on behalf of which the person signs. This filing has been examined by me and is, to the best of my knowledge and belief, true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment, or both.

By typing my name in the electronic signature field, I am agreeing to conduct business electronically with the State of Oregon. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or signature satisfies that requirement.

ELECTRONIC SIGNATURE

NAME

DARLENE LOUISE DOMENIGONI

TITLE

AUTHORIZED AGENT

DATE SIGNED

09-13-2019