RI SOS Filing Number: 201445645580 Date: 09/09/2014 8:35 AM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

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: 2014

1. ID No. 000795633

2. Exact Name of the Limited Liability Company Wilder Therapy and Wellness, LLC

3. State of Formation

State: RI

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

Wilder Therapy and Wellness is a private psychological practice. Services offered include individual therapy, couples counseling, diagnostic and academic assessment, and consultation.

5. Principal Office Address

No. and Street: 535 CENTERVILLE RD
SUITE 302A
City or Town: WARWICK State: RI Zip: 02886 Country: USA

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

Contact Name: JAMI WILDER, PSY.D. Contact Title: CO-OWNER
No. and Street: 535 CENTERVILLE RD
SUITE 302A
City or Town: WARWICK State: RI Zip: 02886 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 Address, City or Town, State, Zip Code, Country

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

0-6871-0

JAMI WILDER 63 SOCKANOSSET CROSSROAD, SUITE 2A CRANSTON , RI 02920

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

Signed this 9 Day of September, 2014 at 8:37:32 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 JAMI WILDER
Signature of Authorized Person

Form No. 632
Revised 09/07