



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

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

**Certificate Request Form**

**Request Information** *(Entity Name is only required for a Certificate of Non-Existence)*

ID	ENTITY NAME	CERTIFICATE TYPE
001666377	ABLE COUNSELING SOLUTIONS AND ALTERNATIVE THERAPIES, LL	Certificate of Fact / Other

**Total Fee: \$82.00**

**Filer's Contact Information**

*(Enter a contact name, mailing address and email.)*

Contact Name: ANNETTE BRIAND

Business Name: ABLE COUNSELING SOLUTIONS AND ALTERNATIVE THERAPIES, LLC

No. and Street: 376 OLD RIVER RD.

City or Town: MANVILLE

State: RI Zip: 02838 Country:

Contact Phone: 4014193588 ext:

Contact Email: AM105A@YAHOO.COM

**Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.**