RI SOS Filing Number: 201737546290 Date: 3/6/2017 11:23:00 AM

State of Rhode Island a Department of S Annual Report for the y Limited Liability Compa → Filing period: September → Filing Fee: \$50.00 → Penalty: Additional \$25.00	rear: 2015 any 1 - November	iness Servic			R.I. DEPT. OF STATE BUS SVCS DIV 2017 FEB 24 AM 11: 2
1. Entity ID Number	2. Exact name of the Limited Liability Company				
000295153	Wellness Within Psychotherapy, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
62 - Health Care and Social A:	counseling services				
5. State of Formation Rhode Island					
Principal Office Address			City	State	Zip
900 Reservoir Avenue			Cranston	RI	02910
7. Mailing Address of Limited Lia	bility Company	and Name or Tit	le of Contact Person		
Contact Name Elisa Reid Robley			Contact Title Owner		
Street Address 900 Reservoir Avenue			City Cranston	State RI	^{Zip} 02910
8. List ALL managers (names an	d addresses)	of the Limited Lia	oility Company, IF APPLICA	ABLE - DO NOT LIST MI	EMBERS
Manager Name			Manager Name		
Street Address			Street Address		R.1
City	State	Zip	City	State	Zip 景 US 异形
Manager Name			Manager Name		5 ST. OF
Street Address			Street Address 3 000		
City	State	Zip	City	State	Zip 2
Check the box to indicate an attachment					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Person				Date	
Elisa Reid-Robley				2.21.	ا ا
Signature of Authorized Person SIGN DOCUMENT HERE					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 11:23 FILED MAR 0 6 2017 BY QUEST 1602

FORM 632 - Revised: 08/2016