RI SOS Filing Number: 202105516170 Date: 11/29/2021 4:00:00 PM

State of Rhode Island
Department of State – Business Services Division

ANNUAL REPORT FOR THE YEAR 2021
LIMITED LIABILITY COMPANY

- **Filing Period:** September 1 – November 1
- **Filing Fee:** $50.00
- **Penalty:** Additional $25.00 fee if form is not filed by December 1

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BY 1212

1. Entity ID No. 000795633	2. Exact name of the Limited Liability Company Wilder Therapy and Wellness, LLC
3. NAICS Code 621112	4. Brief description of the character of business conducted in Rhode Island individual therapy, couples counseling, diagnostic and academic assessment, and consultation
5. State of Formation Rhode Island	

6. Principal Office Address	City	State	Zip
535 Centerville Rd., Suite 302A	Warwick	RI	02886

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

Contact Name					
Jami Wilder					
Street Address					
535 Centerville Rd., Suite 302A					
City	State	Zip			
Warwick	RI	02886			

8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE – DO NOT LIST MEMBERS

Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

9. REGISTERED AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing of 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.

Jami Wilder — Oct 15 2021

Signature of Authorized Person — *Date*

Jami Wilder, Psy.D.

Name of Authorized Person

MAIL TO:
Division of Business Services
148 W. River Street, Providence, RI 02904-2615
Phone: 401.222.3040
Website: www.sos.ri.gov