



State of Rhode Island  
**Department of State - Business Services Division**

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 R.I. DEPT. OF STATE  
 BUS SVCS DIV

Annual Report for the year: 2022  
 Corporation

2022 DEC -5 PM 4:18

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>001679347</b>		2. Exact name of the Corporation <b>Lauren Rieger Counseling and Consulting, Inc.</b>			
3. Principal Office Address <b>85 Osprey Drive</b>		City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	
4. NAICS Code <b>621330</b>		6. Brief description of the character of business conducted in Rhode Island <b>Psychotherapy, counseling &amp; consulting</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Lauren Rieger</b>			Vice-President Name		
Street Address <b>85 Osprey Drive</b>			Street Address		
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Same as above</b>			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			<b>0</b>		<b>0</b>
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <i>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.</i>					
Name of Authorized Representative <b>Lauren Rieger</b>				Date <b>12/21/22</b>	
Signature of Authorized Representative <b>Lauren Rieger</b>					

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov

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BY 265ER

FORM 630 - Revised: 11/2021

FILED