



**State of Rhode Island  
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: February 1 - May 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:** 2023

**1. ID No.** 001733191

**2. Exact Name of the Limited Liability Company** Not Your Average Therapy LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621330

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

I AM A THERAPIST INDEPENDENTLY LICENSED IN MENTAL HEALTH AND SUBSTANCE ABUSE TREATMENT. I PROVIDE INDIVIDUAL TALK THERAPY IN PERSON AS WELL AS VIRTUALLY

**5. Principal Office Address**

No. and Street: 75 SOCKANOSSET CROSS ROAD  
SUITE 206

City or Town: CRANSTON

State: RI Zip: 02920-5557 Country: USA

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

Contact Name: Contact Title:

No. and Street: 63 SOCKANOSSET CROSS ROAD SUITE 2A

City or Town: CRANSTON

State: RI Zip: 02920 Country: USA

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

GIANNA GIANNINI 63 SOCKANOSSET CROSS ROAD SUITE 2A CRANSTON , RI 02920-5557

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

**Signed this 19 Day of January, 2023 at 12:03:49 PM 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 GIANNA GIANNINI  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2023 State of Rhode Island  
All Rights Reserved