



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

**Annual Report for the year:** 2023  
**Limited Liability Company**

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

**FILED**  
**FEB 02 2023**  
 BY 162 OS

1. Entity ID Number <b>001733051</b>		2. Exact name of the Limited Liability Company <b>Therapy by Allison, LLC</b>	
3. NAICS Code <b>621330</b>		4. Brief description of the character of business conducted in Rhode Island <b>Mental health services provided in the outpatient setting by an independently licensed clinical social worker (LICSW).</b>	
5. State of Formation <b>Rhode Island</b>			
6. Principal Office Address <b>36 Rolfe Square, Suite 1</b>		City <b>Cranston</b>	State <b>RI</b>
		Zip <b>02910</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Allison Ravech, LICSW</b>		Contact Title <b>Owner/Manager</b>	
Street Address <b>36 Rolfe Square, Suite 1</b>		City <b>Cranston</b>	State <b>RI</b>
		Zip <b>02910</b>	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642			
<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 Person <b>Allison Ravech, LICSW (Owner/Manager)</b>			Date <b>01/16/2023</b>
Signature of Authorized Person <i>manager/owner</i>			

**MAIL TO:**  
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