

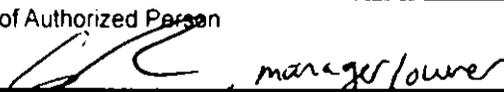


State of Rhode Island  
**Department of State - Business Services Division**

**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  <b>manager/owner</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](http://www.sos.ri.gov)