RI SOS Filing Number: 202327429380 Date: 2/2/2023 3:18:00 PM



State of Rhode Island

## **Department of State - Business Services Division**

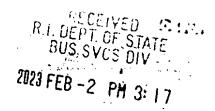
Annual Report for the year: 2022

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.



Entity ID Number	2. Exact name of the Limited Liability Company			
1668786	Community Counseling and Restorative Practices, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
421330	Grief recovery counseling, education, consultation, and community building			
5. State of Formation				
Rhode Island				
6. Principal Office Address		City	State	Zip
20 Cutters St.		Jamestown	RI	02835
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Melissa Mastrostefano		Contact Title Owner		
Street Address 20 Cutter St		<sup>City</sup> Jamestown	State RI	<sup>Zip</sup> 02835
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing 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.				
Name of Authorized Person Melissa Mastrostetano Date 1/30/23				
Signature of Authorized Person  Mark Zith				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov **FILED** 

FEB 03 2023 A.A. 3', 18 PM.