



**FILED**

MAR 07 2023  
 BY *[Signature]*

**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.

1. Entity ID Number 1673876		2. Exact name of the Limited Liability Company Center for Dynamic and Behavioral Therapy, LLC		
3. NAICS Code 621330		4. Brief description of the character of business conducted in Rhode Island To provide psychological services.		
5. State of Formation Rhode Island				
6. Principal Office Address 11 South Angell St. #405		City Providence	State RI	Zip 02906
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Jolie Issa, Ph.D.		Contact Title Member		
Street Address 11 South Angell St. #405		City Providence	State RI	Zip 02906
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 Jolie Issa, Ph.D.			Date 2/28/23	
Signature of Authorized Person <i>[Signature]</i>				

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