



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

APR 10 2023  
 1762 2

**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 001704252		2. Exact name of the Limited Liability Company Mosaic Therapy, LLC			
3. NAICS Code 621330		4. Brief description of the character of business conducted in Rhode Island Counselor			
5. State of Formation RI					
6. Principal Office Address 2733 Post Road		City Warwick		State RI	Zip 02886
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Melissa Ross			Contact Title Member		
Street Address 2733 Post Road		City Warwick		State RI	Zip 02886
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 Melissa Ross				Date 3/27/23	
Signature of Authorized Person 					

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