

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

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2023 MAY 17 PH 1: 00

Annual Report for the year: **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	2. Exact name of the Limited Liability Company			
001682481 3. NAICS Code	Healing Min Space Couns Ding and Education, UC  4. Brief description of the character of business conducted in Rhode Island			
<b>l</b> .				
62 330	Mental Health Services			
5. State of Formation				
RI				
6. Principal Office Address		City	State	Zip
189 Garenor St. Sute 202		PEOUSENCE	RI	02906
7. Mailing Address of Limited ⊔ability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
Lisa Reidsena		Preside +		
Street Address		City	State	Zip
Street Address 11 S. Angell St. Soute 345		Providence	KI	02-90le
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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		Date	<u>-</u>	
lisa	Kerdgema		4/11	23
Signature of Authorized Person				

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MAIL TO:

**Division of Business Services** 

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

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