

2023

R.I. DEPT. OF STATE
BUS SYCS DIY

2023 JUL 14 A' 9: 37

Annual Report for the year: Limited Liability Company

→ Filing period: Fabruary 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 Every some of the Line 4-215	ahilihi Campani		
l- · —	2. Exact name of the Limited Liability Company			
1702382	Maternal Co.	unseling Collabo	rative l	-L-C
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
42 1330	psychothwapi	y, counseling	and	
5. State of Formation). Da		
PI	COVISMI	<i>y</i>		
6. Principal Office Address		City	State	Zip
150 East Ave		Pawtucket	PI	02860
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Leanna Olitsky, LICSW		Contact Title OWNER OPERATOR		
Street Address 24 Cov 1144 St. #9329		CHY Providence	State RI	20 02940
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		Date		
Leanna Olitsky, LICSW		7/14/2023		
Signature of Authorized Person				
dalina alitaly, ucsw				

FILED

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NAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040

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