



State of Rhode Island
Department of State - Business Services Division

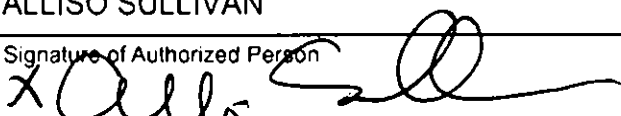
Annual Report for the year: 2023
Limited Liability Company

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

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STAFF

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| 1. Entity ID Number 001722254 | | 2. Exact name of the Limited Liability Company WAVE COUNSELING, LLC | |
| 3. NAICS Code 812990 | | 4. Brief description of the character of business conducted in Rhode Island COUNSELING | |
| 5. State of Formation RHODE ISLAND | | | |
| 6. Principal Office Address 989 RESERVOIR AVENUE | | City CRANSTON | State RI |
| | | Zip 02910 | |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | |
| Contact Name ALLISON SULLIVAN | | Contact Title MANAGER | |
| Street Address 81 STATION STREET | | City COVENTRY | State RI |
| | | Zip 02816 | |
| 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 ALLISO SULLIVAN | | Date 06/26/2023 | |
| Signature of Authorized Person  | | | |

MAIL TO:

Division of Business Services
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Website: www.sos.ri.gov