		f Rhode Isla e Secretary o		Fee: \$50.00
	Division C	f Business Ser	vices	
148 W. River Street Providence RI 02904-2615				
7636		1) 222-3040	015	
Limited Liability Annual Report Filing Period: Febru				
refusing to file its ar	R.I.G.L. 7-16-66(d), each limi nnual report within thirty (30) 6(b&c)) is subject to a penalty	days after the a	time prescribed	by
ANNUAL REPORT	YEAR - ENTER THE CURREN	T YEAR 202 4	: <u>2024</u>	
1. ID No. <u>00173</u>	<u>37770</u>			
2. Exact Name of the Limited Liability Company <u>AWC COUNSELING LLC</u>				
3. State of Format	ion			
State: <u>RI</u>				
NAICS CODE				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>621330</u>				
4. Brief Descriptio Island	n of the Character of the Bus	iness Which i	s Actually Cond	lucted in Rhode
MENTAL HEALTH SERVICES - PRIVATE PRACTICE				
5. Principal Office	Address			
No. and Street:	216 SPENCER AVE.			
City or Town:	EAST GREENWICH	State: <u>RI</u>	Zip: <u>02818</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name: Co				
No. and Street: City or Town:	216 SPENCER AVE EAST GREENWICH	State: <u>RI</u>	Zip: <u>02818</u>	Country: <u>USA</u>
	NT IN RHODE ISLAND - DO Ne e Filing of Form 642 - R.I.G.L	-		
ANDREA WALBR	RIDGE COMBES 216 SPENCE	R AVE. EAST	GREENWICH .	RI 02818
_			···· , .	

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 12 Day of January, 2024 at 4:23:20 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ANDREA COMBES

Signature of Authorized Person

Form No. 632 Revised 09/07

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