	State of Rhode Island	Fee: \$50.00
	Office of the Secretary of State	
	Division Of Business Services 148 W. River Street	
	Providence RI 02904-2615	
1636	(401) 222-3040	
Limited Liability Com Annual Report	pany	
Filing Period: February 1	- May 1	
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by		
law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.		
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024		
1. ID No. <u>001709619</u>		
2. Exact Name of the Limited Liability Company <u>Therapeutic Solutions LLC</u>		
3. State of Formation		
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>621420</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
BUSINESS PROVIDES MENTAL HEALTH COUNSELING.		
5. Principal Office Add	ress	
No. and Street: <u>16</u>	LLADNAR DRIVE	
City or Town:	NCOLN State: <u>RI</u> Zip: <u>02865</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: Contac		
	<u>S LLADNAR DR</u> NCOLN State: <u>RI</u> Zip: <u>02865</u>	Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER		
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11 <u>LISA LANDRY 16 LLADNER DRIVE LINCOLN</u> , <u>RI 02865</u>		
LISA LAINDRY 16 LLA		

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

Signed this 31 Day of January, 2024 at 5:28:12 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 <u>LISA LANDRY</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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