




State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
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.

FEB 07 2024

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1. Entity ID Number 001733051		2. Exact name of the Limited Liability Company Therapy by Allison, LLC	
3. NAICS Code 621330		4. Brief description of the character of business conducted in Rhode Island Mental health services provided in the outpatient setting by an independently licensed clinical social worker (LICSW).	
5. State of Formation Rhode Island			
6. Principal Office Address 1130 Ten Rod Road, F207E		City North Kingstown	State RI
		Zip 02852	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Allison Ravech, LICSW		Contact Title Owner/ Manager	
Street Address 1130 Ten Rod Road, F207E		City North Kingstown	State RI
		Zip 02852	
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 Allison Ravech, LICSW		Date 02/01/2024	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services
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