

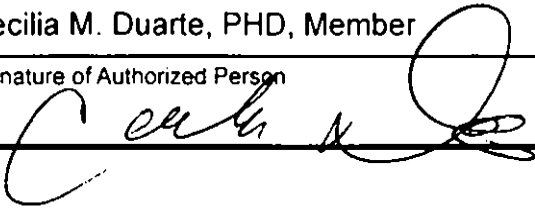


State of Rhode Island  
Department of State - Business Services Division

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.

REC'D RIDOS BSD  
24 FEB 28 AM 8:36:02

|                                                                                                                                                                                                                |  |                                                                                                          |                        |                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------------------------------------------------------------------------------------|------------------------|---------------------|
| 1. Entity ID Number<br><b>911583</b>                                                                                                                                                                           |  | 2. Exact name of the Limited Liability Company<br><b>Psychotherapy Practices of North Kingstown, LLC</b> |                        |                     |
| 3. NAICS Code<br><b>621610</b>                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Health services</b>    |                        |                     |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                             |  |                                                                                                          |                        |                     |
| 6. Principal Office Address<br><b>1130 Ten Rod Road, Building E, Suite E101</b>                                                                                                                                |  | City<br><b>North Kingstown</b>                                                                           | State<br><b>RI</b>     | Zip<br><b>02852</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                          |                        |                     |
| Contact Name<br><b>Cecilia M. Duarte, PHD</b>                                                                                                                                                                  |  | Contact Title<br><b>Member</b>                                                                           |                        |                     |
| Street Address<br><b>1130 Ten Rod Rd., Bldg. E, Ste. E101</b>                                                                                                                                                  |  | City<br><b>North Kingstown</b>                                                                           | State<br><b>RI</b>     | Zip<br><b>02852</b> |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                            |  |                                                                                                          |                        |                     |
| 9. <i>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.</i> |  |                                                                                                          |                        |                     |
| Name of Authorized Person<br><b>Cecilia M. Duarte, PHD, Member</b>                                                                                                                                             |  |                                                                                                          | Date<br><b>2/24/24</b> |                     |
| Signature of Authorized Person<br>                                                                                          |  |                                                                                                          |                        |                     |

FILED

FEB 28 2024  
By ML 116469