



**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.

STAMP  
FEB 29 2024  
004910

1. Filing Number <b>1698236</b>		2. Exact name of the Limited Liability Company <b>Visions-of-Independence, LLC</b>		
3. NAICS Code <b>621340</b>		4. Brief description of the character of business conducted in Rhode Island  <b>Group Therapy</b>		
5. State of Formation <b>MA</b>				
6. Principal Office Address <b>34 Crest Road Way</b>		City <b>Sharon</b>	State <b>MA</b>	Zip <b>02067</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name <b>Elliot Feldman</b>		Contact Title <b>Managing Director</b>		
Street Address <b>34 Crest Road Way</b>		City <b>Sharon</b>	State <b>MA</b>	Zip <b>02067</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 <b>Elliot M. Feldman</b>			Date <b>2/26/24</b>	
Signature of Authorized Person				

**MAIL TO:**  
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