

State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
MAR 07 2024
BY [Signature]

1. Entity ID Number 001687119		2. Exact name of the Corporation RACHEL LEONARD LICSW INC				
3. Principal Office Address 18 HICKORY RD			City COVENTRY	State RI	Zip 02816	
4. NAICS Code 621330		6. Brief description of the character of business conducted in Rhode Island Clinical Social Work SERVICE				
5. State of Incorporation RI						
7. List ALL officers (names and addresses) Check the box to indicate an attachment					<input type="checkbox"/>	
President Name Rachel Leonard			Vice-President Name			
Street Address 18 Hickory RD			Street Address			
City Coventry	State RI	Zip 02816	City	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. List ALL directors (names and addresses) Check the box to indicate an attachment					<input type="checkbox"/>	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment				<input type="checkbox"/>
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
		100		COMMON	1	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative [Signature]					Date 2/27/24	
Signature of Authorized Representative RACHEL LEONARD						

MAIL TO:
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Website: www.sos.ri.gov