RI SOS Filing Number: 202449986910 Date: 4/2/2024 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

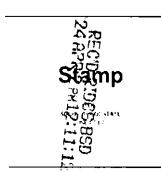
Annual Report for the year: 2024

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.



| 1. Entity ID Number 000795633 | 2. Exact name of the Limited Liability Company Wilder Therapy and Wellness, LLC | | | | |
|--|---|---|-----------------------|----------------------|--|
| 3. NAICS Code 621112 | individual therapy, o | Brief description of the character of business conducted in Rhode Island individual therapy, couples counseling, diagnostic and academic assessment, and consultation | | | |
| 5. State of Formation RI | Consultation | | | | |
| 6. Principal Office Address 535 Centerville Road, Suite 302A | | City Warwick | State RI | Zip 02886 | |
| 7. Mailing Address of Limite | ed Liability Company and Nam | e or Title of Contact Person | | | |
| Contact Name Jami Wilder, PsyD | | Contact Title Authorized Person | | | |
| Street Address 535 Centerville Road, Suite 302A | | City Warwick | State RI | Zip 02886 | |
| 8. The Resident Agent infor | mation currently of record with | the RI Department of State is a | ccurate. Changes requ | ire filing Form 642. | |
| | I declare and affirm that I ha tatements contained herein | eve examined this report, includes are true and correct. | ding any accompanyi | ing schedules and | |
| Name of Authorized Person Jami Wilder, PsyD | | | Date 3/19/04 | | |
| Signature of Authorized Per | Son Nel IV | | | - , | |

FILED

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov