



State of Rhode Island
Department of State - Business Services Division

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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.

1. Entity ID Number 000504071		2. Exact name of the Corporation Anchor Counseling Center, Inc.			
3. Principal Office Address 652 GEORGE WASHINGTON HWY. STE. 102		City LINCOLN	State RI	Zip 02865	
4. NAICS Code 621420		6. Brief description of the character of business conducted in Rhode Island COUNSELING CENTER			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name SHAWNA FIGUEIRA			Vice-President Name SHAWNA FIGUEIRA		
Street Address 17 HIDDEN MEADOW DRIVE			Street Address 17 HIDDEN MEADOW DRIVE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
Secretary Name SHAWNA FIGUEIRA			Treasurer Name SHAWNA FIGUEIRA		
Street Address 17 HIDDEN MEADOW DRIVE			Street Address 17 HIDDEN MEADOW DRIVE		
City CUMBERLAND	State RI	Zip 02864	City CUMBERLAND	State RI	Zip 02864
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
			1000	COMMON	NO PAR VALUE
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 SHAWNA FIGUEIRA, PRESIDENT					Date 2/20/24
Signature of Authorized Representative <i>Shawna Figueira</i>					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

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