

2024 Annual Report for the year:

**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 1658138	2. Exact name of the Limited Liability Company Ann Adler, Ph.D., LLC			
3. NAICS Code 621112 5. State of Formation Rhode Island	Brief description of the char Psychology practice.	acter of business conducted in	n Rhode Island	
6. Principal Office Address		City	State	Zip
14 Laurel Lane		Barrington	RI	02806
7. Mailing Address of Limited L	iability Company and Name or Til	le of Contact Person		
Contact Name Ann Adler, Ph.D.		Contact Title Member		
Street Address 14 Laurel Lane		City Barrington	State RI	<sup>Z<sub>IP</sub></sup> 02806
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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 Person			Date	
Ann Adler, Ph.D.			11 April 2024	
Signature of Authorized Perso	e pro			

MAIL TO:

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

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