



State of Rhode Island
Department of State - Business Services Division

FILED
 APR 26 2024
 BY *[Signature]*

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 001738703	2. Exact name of the Limited Liability Company DRIFTWOOD COUNSELING LLC		
3. NAICS Code 621112	4. Brief description of the character of business conducted in Rhode Island SOCIAL WORKER/THERAPIST		
5. State of Formation RI			
6. Principal Office Address P.O. BOX 9491		City WARWICK	State RI
Zip 02889			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name ERIN ALBANESE		Contact Title MEMBER	
Street Address P.O. BOX 9491		City WARWICK	State RI
Zip 02889			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<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 ERIN ALBANESE			Date 03/04/24
Signature of Authorized Person <i>[Signature]</i>			

MAIL TO:
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