



**State of Rhode Island  
Office of the Secretary of State**

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Domestic Limited Liability Company  
Annual Report - Amended**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**This form is only to be used to amend the current annual report on file with this office.**

**ANNUAL REPORT YEAR:** 2024

**1. ID No.** 001707582

**2. Exact Name of the Limited Liability Company** Healing in Motion, LLC

**3. State of Formation**

State: RI

**NAICS CODE**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621330

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

MENTAL HEALTH COUNSELING

**5. Principal Office Address**

No. and Street: 3047 EAST MAIN ROAD  
SUITE 7B

City or Town: PORTSMOUTH State: RI Zip: 02871 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: STEPHANIE PALAZZO Contact Title:

No. and Street: 3047 EAST MAIN ROAD  
SUITE 7B

City or Town: PORTSMOUTH State: RI Zip: 02871 Country: USA

**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

STEPHANIE S. PALAZZO 1141 HARTFORD AVENUE, APT. 8B JOHNSTON , RI 02919

**Signed this 30 Day of April, 2024 at 4:37:41 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By STEPHANIE PALAZZO  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

April 30, 2024 04:36 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore  
*Secretary of State*

