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 2. Exact name of the Limited Liability Company Let's Focus. LLC:

4. Brief description of the character of business conducted in Rhode Island,
Counseling services for adulte, children't a dolorants. 000146118 3. NAICS Code 621498 5 State of Formation P.O. Box 2 State Warren RI02885 654 Metacom Ave. Mailing Address of Limited Liability Company and Name or Title of Contact Person Contact Name MONICA L. BAILEY Wellness Counsalor Street Address Harrison Street 02809 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.

Date: 4/30/2024 4:00:00 PM

RI SOS Filing Number: 202453929190

MAIL TO:

Division of Business Services

Name of Authorized Person

Signature of Authorized Person

148 W. River Street, Providence, Rhode Island 02904-2615

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4-24-24