



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 001715445		2. Exact name of the Limited Liability Company EMBODIED LIVING COUNSELING, LLC	
3. NAICS Code 624190		4. Brief description of the character of business conducted in Rhode Island SOCIAL WORK AND COUNSELING	
5. State of Formation RI			
6. Principal Office Address 1130 TEN ROD ROAD, SUITE C104		City NORTH KINGSTOWN	State RI
		Zip 02852	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name CHELSEA S. HILL		Contact Title MEMBER	
Street Address 1130 TEN ROD ROAD, SUITE C104		City NORTH KINGSTOWN	State RI
		Zip 02852	
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 CHELSEA S. HILL		Date 04/18/24	
Signature of Authorized Person 			

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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APR 29 2024
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