

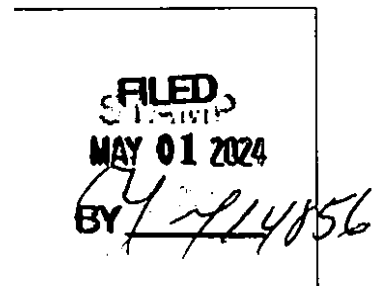


State of Rhode Island
Department of State - Business Services Division

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 001758465		2. Exact name of the Limited Liability Company True Psychiatry of Rhode Island LLC	
3. NAICS Code 621112		4. Brief description of the character of business conducted in Rhode Island Mental Health Care.	
5. State of Formation RI			
6. Principal Office Address 4000 Chapel View Blvd, Suite 300 #1054		City Cranston	State RI
Zip 02920			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Rodrigo Nardi		Contact Title Member	
Street Address 4000 Chapel View Blvd, Suite 300 #1054		City Cranston	State RI
			Zip 02920
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. <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 Rodrigo Nardi			Date 4/24/24
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