



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

**Fee: \$50.00**

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

**Limited Liability Company  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-16-66(d), 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.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. ID No.** 001739834

**2. Exact Name of the Limited Liability Company** Treat Yourself Therapy, 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.

621420

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

OUTPATIENT MENTAL HEALTH SERVICES

**5. Principal Office Address**

No. and Street: 5600 POST ROAD  
SUITE 114 -344

City or Town: EAST GREENWICH State: RI Zip: 02818 Country: USA

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

Contact Name: Contact Title:

No. and Street: 1200 E. GLEN AVENUE

City or Town: PEORIA HEIGHTS State: IL Zip: 61616 Country: USA

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

NICOLE FAISON 5600 POST RD SUITE 114 -344 EAST GREENWICH , RI 02818

**8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 13 Day of May, 2024 at 4:18:59 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 NICOLE FAISON  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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