



State of Rhode Island

Department of State - Business Services Division

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CORPORATIONS DIV

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BY

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 001681837		2. Exact name of the Limited Liability Company TRUE WELLNESS COUNSELING, LLC	
3. NAICS Code 621410		4. Brief description of the character of business conducted in Rhode Island COUNSELING	
5. State of Formation RHODE ISLAND			
6. Principal Office Address 97 FAIRFIELD ROAD		City CRANSTON	State RI
		Zip 02910	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name VILNA I. TEJEDA		Contact Title MANAGER	
Street Address 97 FAIRFIELD ROAD		City CRANSTON	State RI
		Zip 02910	
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 VILNA I. TEJEDA			Date 12/08/2023
Signature of Authorized Person 			

MAIL TO:

Division of Business Services

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