



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

## Corporation

- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD  
24 JUN 4 PM 12:10:59

1. Entity ID Number <u>1721077</u>		2. Exact name of the Corporation Expressions of Healing Counseling, Inc												
3. Principal Office Address 236A Lexington Avenue			City North Providence	State RI	Zip 02904									
4. NAICS Code <u>621420</u>		6. Brief description of the character of business conducted in Rhode Island Behavioral Health Services <u>outpatient mental health services</u>												
5. State of Incorporation Rhode Island														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <u>Guadalupe Diaz</u>			Vice-President Name											
Street Address <u>236A Lexington Avenue</u>			Street Address											
City <u>North Providence</u>	State <u>RI</u>	Zip <u>02904</u>	City	State	Zip									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><u>0</u></td> <td><u>CNP</u></td> <td><u>0</u></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<u>0</u>	<u>CNP</u>	<u>0</u>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
<u>0</u>	<u>CNP</u>	<u>0</u>												
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. <b>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.</b>														
Name of Authorized Representative <u>Guadalupe Diaz</u>				Date <u>06-04-24</u>										
Signature of Authorized Representative <u>Guadalupe Diaz</u>				<p>FILED 1213</p> <p>JUN - 4 2024</p> <p>BY G1 Rex</p>										

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov