



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year:

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 1721077		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 621420	6. Brief description of the character of business conducted in Rhode Island Behavioral Health Services outpatient mental health services				
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 Guadalupe Diaz			Vice-President Name		
Street Address 236A Lexington Avenue			Street Address		
City North Providence	State RI	Zip 02904	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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		0		CN1	0
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 ✓ Guadalupe Diaz				Date ✓ 06-04-24	
Signature of Authorized Representative ✓ [Signature]				FILED 1213 JUN - 4 2024 BY G1 Rex	

MAIL TO:  
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