



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023

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 <u>Expressions of Healing Counseling, Inc</u>			
3. Principal Office Address <u>236A Lexington Avenue</u>			City <u>North Providence</u>	State <u>RI</u>	Zip <u>02904</u>
4. NAICS Code <u>621420</u>		6. Brief description of the character of business conducted in Rhode Island <u>Behavioral Health Services</u> <u>out patient mental Health services</u>			
5. State of Incorporation <u>Rhode Island</u>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
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)					Check the box to indicate an attachment <input type="checkbox"/>
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		Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<u>0</u>		<u>CN1</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.					
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.					
Name of Authorized Representative <u>✓ Guadalupe Diaz</u>					Date <u>✓ 06-04-24</u>
Signature of Authorized Representative <u>✓ [Signature]</u>					

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

FILED 12/2
JUN - 4 2024
BY GIFEX