



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.

FILED
JUL 22 2024
BY 423
[Signature]

1. Entity ID Number <u>0125008</u>	2. Exact name of the Corporation The Art of You, Inc.
---------------------------------------	--

3. Principal Office Address 73 Eddie Dowling Hwy	City North Smithfield	State RI	Zip 02896
---	--------------------------	-------------	--------------

4. NAICS Code 621330	6. Brief description of the character of business conducted in Rhode Island Medical Services specializing in mental health counseling
5. State of Incorporation RI	

7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Michelle Taylor			Vice-President Name		
Street Address 39 Brookside Drive			Street Address		
City North Smithfield	State RI	Zip 02896	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.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	1000	None	\$0.0100
	None	None	None

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 Michelle P. Taylor	Date 7/15/24
---	-----------------

Signature of Authorized Representative <i>Michelle P. Taylor</i>

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