



State of Rhode Island
Department of State - Business Services Division

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 <u>001727511</u>		2. Exact name of the Limited Liability Company <u>Kintsugi Center for Healing and Wholeness LLC</u>	
3. NAICS Code <u>812199</u>		4. Brief description of the character of business conducted in Rhode Island <u>Mental health counseling; therapy</u>	
5. State of Formation <u>R.I.</u>			
6. Principal Office Address <u>154 Ocean View Avenue</u>		City <u>Swansea</u>	State <u>M.A.</u>
		Zip <u>02777</u>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <u>Jennifer Acton</u>		Contact Title <u>CPA, MBA</u>	
Street Address <u>1050 Main St. Unit 24</u>		City <u>East Greenwich</u>	State <u>R.I.</u>
		Zip <u>02888</u>	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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 Person <u>Karen Oliveira</u>		Date <u>9/24/2024</u>	
Signature of Authorized Person <u>Karen Oliveira</u>			

FILED

SEP 26 2024

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MAIL TO:
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