

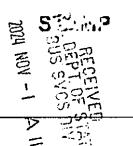
## State of Rhode Island Department of State - Business Services Division

Annual Report for the year: Limited Liability Company 2024

→ 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	2 Exact name of the Limi	ted Liability Company	<del></del>	1: iii	
001753424		2. Exact name of the Limited Liability Company  AGUIAR'S COUNSELING SERVICES LLC			
3. NAICS Code 621330	'	4. Brief description of the character of business conducted in Rhode Island  MENTAL HEALTH COUNSELING			
5. State of Formation					
6. Principal Office Address		City	State	Zip	
302 HARRINGTON AVE		WARWICK	RI	02888	
7. Mailing Address of Limite	ed Liability Company and Name	or Title of Contact Person			
Contact Name DYLAN AGUIAR		Contact Title OWNER			
Street Address 302 HARRINGTON AVE		City WARWICK	State . RI	<sup>Zip</sup> 02888	
8. The Resident Agent infor	mation currently of record with the	he RI Department of State is accura	ate. Changes requir	e filing Form 642.	
	ry, I declare and affirm that I ha tatements contained herein ar	eve examined this report, including true and correct.	ng any accompany	ying schedules and	
Name of Authorized Person			Date		
ALICIA MCNALLY			10-29-2024		
Signature of Authorized Pe	Maa SUM	'lly			

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov HLED NOV 01 2024 BY OMIT CZ AA. 11:45 AM