



**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Domestic Limited Liability Company
Annual Report - Amended**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2024

1. ID No. 001740105

2. Exact Name of the Limited Liability Company Optimal Therapy & Custom Celebrations LLC

3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621340

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

OCCUPATIONAL THERAPY SERVICES (EVALUATION, TREATMENT/INTERVENTION)
CUSTOM
CELEBRATIONS (PARTY DECOR, GIFTS, ETC.)

5. Principal Office Address

No. and Street: 386 CENTRAL AVENUE
SUITE 1

City or Town: PAWTUCKET State: RI Zip: 02860 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: PRISCILLA NOVA Contact Title: OWNER
No. and Street: 63 BELFIELD DRIVE

City or Town: JOHNSTON

State: RI

Zip: 02919

Country: USA

**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

PRISCILLA NOVA 63 BELFIELD DRIVE JOHNSTON , RI 02919

Signed this 8 Day of November, 2024 at 8:56:59 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By PRISCILLA NOVA

Signature of Authorized Person

Form No. 632
Revised 09/07

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State of Rhode Island

Department of State | Office of the Secretary of State

Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,

hereby certify that this document, duly executed in accordance with the provisions

of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

November 08, 2024 08:56 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

