



**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.

2024 NOV 25 AM 11:45

1. Entity ID Number 000040271		2. Exact name of the Corporation Counseling & Psychological Services Inc.			
3. Principal Office Address 245 Waterman Street, Suite 201			City Providence	State RI	Zip 02906
4. NAICS Code 621420		6. Brief description of the character of business conducted in Rhode Island Counseling services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Donna D'Aloia			Vice-President Name Donna D'Aloia		
Street Address 245 Waterman Street, Suite 201			Street Address 245 Waterman Street, Suite 201		
City Providence	State RI	Zip 0906	City Providence	State RI	Zip 02906
Secretary Name Donna D'Aloia			Treasurer Name Donna D'Aloia		
Street Address 245 Waterman Street, Suite 201			Street Address 245 Waterman Street, Suite 201		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name same as above			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/SLRILS
			2000		Stk
			PAR VALUE		0.00
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 Donna D'Aloia				Date 11/19/2024	
Signature of Authorized Representative					

FILED 11:46

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BY FJXSZ

CBR