State of Rhode Island Fee: \$50. Office of the Secretary of State				
Division Of Business Services 148 W. River Street				
Providence RI 02904-2615				
1636 (401) 222-3040				
Limited Liability Company				
Annual Report Filing Period: February 1 - May 1				
In accordance with R.I.G.L. 7-16-66(d), 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.				
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025				
1. ID No. <u>001685772</u>				
2. Exact Name of the Limited Liability Company <u>ChangeSpace Center for Counseling and</u> <u>Development, LLC</u>				
3. State of Formation				
State: <u>RI</u>				
NAICS CODE				
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.				
<u>621330</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island				
WE PROVIDE OUTPATIENT PSYCHOTHERAPY TO TREAT INDIVIDUALS WITH				
MENTAL HEALTH				
AND/OR SUBSTANCE ABUSE ISSUES IN AN OFFICE BASED SETTING. WE ALSO PROVIDE				
EDUCATIONAL AND PSYCHOLOGICAL TESTING SERVICES.				
5. Principal Office Address				
No. and Street: <u>147 COUNTY RD</u> SUITE 300A-B				
City or Town: $\underline{BARRINGTON}$ State: \underline{RI} Zip: $\underline{02806}$ Country: \underline{USA}				
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				

L

Contact Name:ELISE ARRUDA INo. and Street:4 MIDDLECity or Town:BARRING		: <u>OWNER</u> Zip: <u>02806</u>	Country: <u>USA</u>	
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
ELISE ARRUDA LAORENZA <u>4 MIDDLE STREET BARRINGTON</u> , <u>RI 02806</u>				
8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).				
Signed this 10 Day of January, 2025 at 7:20:46 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 <u>ELISE ARRUDA LAORENZA</u> Signature of Authorized Person				
Form No. 632 Revised 09/07				
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