

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2025; 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.

<u> </u>	
EC'D	
20	
27 p	
50 50 50 50 50	
138	
17. Q	
ω	

1. Entity ID Number	2. Exact name of the Limited Liability Company				
-	 *)				
001736466	Anchored in Hope Counseling LLC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
621330	solo private practice providing mental health therapy				
5. State of Formation					
Rhode Island					
6. Principal Office Address		City	State	Zip	
86 logan st warwick		ri	02889		
7. Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person			
Contact Name Anthony p Ward jr		Contact Title manager			
Street Address 90 jefferson Blvd Suite A		City warwick	State Fi	^{Zip} 02888	
8. The Resident Agent inform	mation currently of record with t	the RI Department of State is acc	urate. Changes requi	re filing Form 642.	
	y, I declare and affirm that I h atements contained herein a	ave examined this report, inclure true and correct.	iding any accompan	ying schedules and	
Name of Authorized Person		Date	Date		
Tami J. Ward		1/16/2025			
Signature of Authorized Pen	son				

FILED 9:19

JAN 27 2025

BY DSENZ

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov