

State of Rhode Island Department of State - Business Services Division

Annual Report for the year: 2023
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.

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Entity ID Number	2. Exact name of the Limited Liability Company				
001736466	Anchored in Hope Counseling W				
3. NAICS Code	4 Brief description of the character of business conducted in Rhode Island				
621330	solo private practio	solo private practice providing mental health therapy			
5. State of Formation					
Rhode Island		•			
6. Principal Office Address	L	City	State	Zip	
86 logan st warwick		warwick	ri	02889	
7 Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person	-		
Contact Name Anthony p	Vard jr Contact Title manager				
Street Address 90 jefferson Blvd Suite A		City warwick	State ri	^{Zip} 02888	
8. The Resident Agent infor	mation currently of record with	the RI Department of State is acc	urate. Changes requi	re filing Form 642.	
	y, I declare and affirm that I h tatements contained herein a	ave examined this report, incluing true and correct.	iding any accompan	ying schedules and	
Name of Authorized Person		Date	Date		
Tami J. Ward		1/16/202	1/16/2025		
Signature of Authorized Per	son .				

MAIL TO:

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

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JAN 27 2025

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