

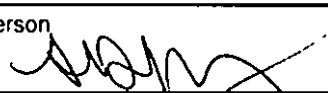


**State of Rhode Island
Department of State - Business Services Division**

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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.

1. Entity ID Number 001685090		2. Exact name of the Limited Liability Company Lori Duffy Counseling, LLC	
3. NAICS Code 621330		4. Brief description of the character of business conducted in Rhode Island Private mental health therapy practice	
5. State of Formation RI			
6. Principal Office Address 426 Scrabbletown Road		City North Kingstown	State RI
Zip 92852			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Lori Duffy		Contact Title Member	
Street Address 426 Scrabbletown Road		City North Kingstown	State RI
Zip 92852			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9 <i>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.</i>			
Name of Authorized Person Lori Duffy		Date 1/16/25	
Signature of Authorized Person 			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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BY 59mry

