



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Corporation:

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECD R2025
25 FEB 06 PM 9:56:40

1. Entity ID Number 001779166		2. Exact name of the Corporation Amanda Vaughn Psychotherapy, Inc.			
3. Principal Office Address 325 Angell Street			City Providence	State RI	Zip 02906
4. NAICS Code 621330		6. Brief description of the character of business conducted in Rhode Island Provide psychotherapeutic services and mental health services to individuals and couples, any ancillary purposes, and all other lawful purposes.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Amanda R. Vaughn			Vice-President Name		
Street Address 325 Angell Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Amanda R. Vaughn			Treasurer Name Amanda R. Vaughn		
Street Address 325 Angell Street			Street Address 325 Angell Street		
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			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/SERIES		
			PAR VALUE		
			100 Common Shares \$0.01 par value		
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 AMANDA VAUGHN, LMFT				Date 1/27/25	
Signature of Authorized Representative <i>Amanda Vaughn</i> , LMFT					

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

FILED

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FORM 830 - Revised: 04/2023