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State of Rhode Islan Department of S	nd tate - Business Services Division	
Annual Report for the year:	2024	B
Limited Liability Company		$\sim$
→ Filing period: February 1 - May 1		വ
→ Filing Fee: \$50.00	-	<b>&gt;&gt;</b>
→ Penalty: Additional \$25.00 fee if form is not filed by May 31		<b></b>

4. Easter ID Alicenters	In	1-1-W- O		<u>.೯೯</u> ೮೪		
1. Entity ID Number		2. East name of the Limited Clauming Company				
001763700	Enlightened Psychological	Enlightened Psychotherapy and Wellness, LLC				
3. NAICS Code	4. Brief description of the char	4. Brief description of the character of business conducted in Rhode Island				
621330	This business provide:	This business provides psychotherapy services to children, adolescents, and				
5. State of Formation	<del></del>	young adults. The business owner is currently the sole provider.				
RI	, young dame. The but					
6. Principal Office Address		City	State	Zip		
213 High Street		Bristol	RI	02809		
7. Mailing Address of Limit	ed Liability Company and Name or Ti	de of Contact Person	•	•		
Contact Name Cassandra Guercia		Clinical Psychologist, Business Owner				
Street Address 213 High Street		Crity Bristol	State RI	<sup>Zip</sup> 02809		
8. The Resident Agent info	rmation currently of record with the R	Department of State is ac	curate. Changes requi	re filing Form 642.		
	ry, I declare and affirm that I have e tatements contained herein are tru	•	uding any accompan	ying schedules and		
Name of Authorized Person			Date	` Date		
Cassandra Guercia			2/18/2025			
				25		

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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