

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

Annual Report for the year: 2024 **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		bility Company		್	
001763700 Enlightened Psych		otherapy and Wellness, LLC			
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
621330	This business provides psychotherapy services to children, adolescents, and				
5. State of Formation	young adults. The business owner is currently the sole provider.				
RI					
6. Principal Office Address		City	State	Zip	
213 High Street		Bristol	RI	02809	
7. Mailing Address of Limited I	iability Company and Name or Title	of Contact Person	•	•	
Contact Name Cassandra Guercia		Contact Title Clinical Psychologist, Business Owner			
Street Address 213 High St	reet	Crty Bristol	State RI	^{Zip} 02809	
8. The Resident Agent informa	ition currently of record with the RI I	Department of State is accurate	. Changes require	filing Form 642.	
	l declare and affirm that I have ex ements contained herein are true	• • • • •	any accompanyir	ng schedules and	
Name of Authorized Person	Date	Date			
Cassandra Guercia			2/18/2025		
Signature of Authorized Perso	assandia Gru	rcia			

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MAIL TO:

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

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