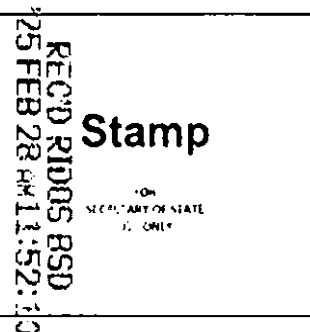




State of Rhode Island  
Department of State - Business Services Division



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 <b>000795633</b>	2. Exact name of the Limited Liability Company <b>Wilder Therapy and Wellness, LLC</b>		
3. NAICS Code <b>621112</b>	4. Brief description of the character of business conducted in Rhode Island <b>individual therapy, couples counseling, diagnostic and academic assessment, and consultation</b>		
5. State of Formation <b>RI</b>			
6. Principal Office Address <b>134 Sharpe Street, Unit 3</b>		City <b>West Greenwich</b>	State <b>RI</b>
		Zip <b>02817</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Jami Wilder, Psy.D.</b>		Contact Title <b>Authorized Person</b>	
Street Address <b>134 Sharpe Street, Unit 3</b>		City <b>West Greenwich</b>	State <b>RI</b>
		Zip <b>02817</b>	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<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 <b>Jami Wilder Psy.D.</b>		Date <b>2/18/2025</b>	
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](http://www.sos.ri.gov)

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FEB 28 2025  
BY TLUJX  
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