RI SOS Filing Number: 202568254680 Date: 3/24/2025 4:00:00 PM



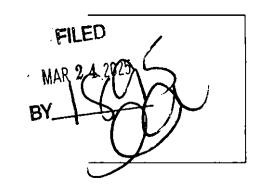
## State of Rhode Island Department of State - Business Services Division

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.



Entity ID Number	2. Exact name of the Limited Liability Company				
1673876	Center for Dynamic and Behavioral Therapy, LLC				
3. NAICS Code	Brief description of the character of business conducted in Rhode Island				
621330	To provide psychological services.				
5. State of Formation	1				
Rhode Island					
6. Principal Office Address		City	State	Zip	
11 South Angell St. #405		Providence	RI	02906	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Jolie Issa, Ph.D.		Contact Title Member			
Street Address 11 South Angell St. #405		City Providence	State RI	<sup>Z<sub>ip</sub></sup> 02906	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
9. 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 Person			Date	Date	
Jolie Issa, Ph.D.			3/12	3/12/25	
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.n.gov