

State of Rhode Island

Department of State - Business Services Division

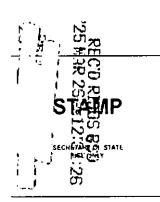
Annual Report for the year: Limited Liability Company

2025

→ 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			
001739134	Lotus Healing Psy	chotherapy and	Courseline	g Center 46
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
621330	4. Brief description of the character of business conducted in Rhode Island Psychotherapy and Commscling Services			
5. State of Formation		`		
Rhode Island				
6. Principal Office Address		City	State	Zip
133 Wadsworth Street		Providence	RI	02907
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
Schony Ramos Street Address 133 Wadsworth Street		President	_	
Street Address WadSu	101th Street	Paudence	State	12907
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	
Sahery Vames			3/18/a	025
Signature of Authorized Person				
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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 **FILED**

MAR 26 2025

BY WUPB3

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