RI SOS Filing Number: 202571554630 Date: 4/25/2025 4:00:00 PM



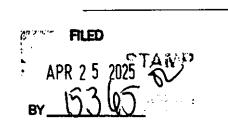
## State of Rhode Island Department of State - Business Services Division

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			
001758465	True Psychiatry of Rhode Island LLC			
3. NAICS Code 621112	Brief description of the character of business conducted in Rhode Island     Mental Health Care.			
5. State of Formation				
6. Principal Office Address		City	State	Zip
4000 Chapel View Blvd, Suite 300 #1054		Cranston	RI	02920
7 Mailing Address of Limited Li	ability Company and Name or Title	of Contact Person		
Contact Name Rodrigo Nardi		Contact Title  Member		
Street Address 4000 Chapel View Blvd, Suite 300 #10:		City Cranston	State RI	<sup>Zip</sup> 02920
8. The Resident Agent informat	ion currently of record with the RI D	epartment of State is acc	curate. Changes require	filing Form 642.
	declare and affirm that I have exa ments contained herein are true		iding any accompanyi	ng schedules and
Name of Authorized Person			Date	1
Rodrigo Nardi			4/0	1/25
Signature of Authorized Person	word			

MAIL TO:

Division of Business Services

148 W River Street, Providence. Rhode Island 02904-2615

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