



State of Rhode Island
Department of State - Business Services Division

FILED

APR 30 2025



BY 2004

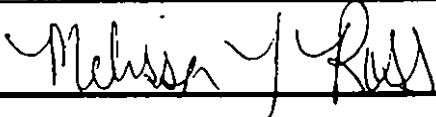
Annual Report for the year: 2025

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 001704252		2. Exact name of the Limited Liability Company Mosaic Therapy, LLC		
3. NAICS Code 621330		4. Brief description of the character of business conducted in Rhode Island Counselor		
5. State of Formation RI				
6. Principal Office Address 2733 Post Road		City Warwick	State RI	Zip 02886
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Melissa Ross		Contact Title Member		
Street Address 2733 Post Road		City Warwick	State RI	Zip 02886
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642				
9. <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 Melissa Ross			Date 4/15/25	
Signature of Authorized Person 				

MAIL TO:

Division of Business Services

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