RI SOS Filing Number: 202572730880 Date: 5/5/2025 4:00:00 PM



State of Rhode Island Department of State - Business Services Division

2025

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→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2025 MAY -5 P 2: 41

| 1. Entity ID Number | 2. Exact name of the Limited Liability Company | | | |
|---|---|--|--------------|----------------------|
| 1701884 | INSIGHT RI LLC | | | |
| 3. NAICS Code 621330 | Brief description of the character of business conducted in Rhode Island Insight RI provides mental health counseing for individuals and families | | | |
| 5. State of Formation | | | | |
| 6. Principal Office Address | ······································ | City | State | Zip |
| 14 East Ave | | North Providence | RI | 02911 |
| 7. Mailing Address of Limited | Liability Company and Name or | Title of Contact Person | • | |
| Contact Name Joshua D. Bennett | | Contact Title President | | |
| Street Address 14East Ave | | City North Providence | State RI | ^{Zip} 02911 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642. | | | | |
| | I declare and affirm that I have tements contained herein are t | e examined this report, including a true and correct. | ny accompany | ing schedules and |
| Name of Authorized Person | | | Date | |
| Joshua D. Bennett | | | 04-11-2025 | |
| Signature of Authorized Person | De la companya de la | | | |

FILE

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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