



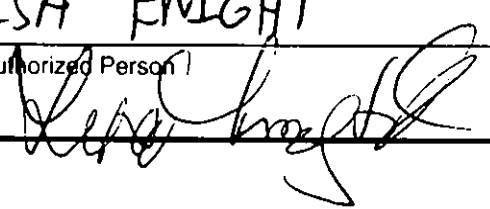
State of Rhode Island
Department of State - Business Services Division

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.

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2025 MAY -5 P 3:00

1. Entity ID Number 001767701		2. Exact name of the Limited Liability Company Interpersonal Transformations Therapy, LLC		
3. NAICS Code 621330		4. Brief description of the character of business conducted in Rhode Island Outpatient Therapy		
5. State of Formation RI				
6. Principal Office Address 103 FIAT AVENUE		City CRANSTON	State RI	Zip 02910
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name LISA KNIGHT		Contact Title MEMBER		
Street Address 103 FIAT AVENUE		City CRANSTON	State RI	Zip 02910
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 LISA KNIGHT			Date 4/29/2025	
Signature of Authorized Person 				

FILED

MAY 05 2025
BY **1102 AA**

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov