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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1. Entity ID Number	2. Exact name of the Limited Liability Company
001767701	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	City	State	Zip
103 FIAT AVENUE	CRANSTON	RI	02910

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
LISA KNIGHT	MEMBER		
Street Address	**City**	**State**	**Zip**
103 FIAT AVENUE	CRANSTON	RI	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	Date
LISA KNIGHT	4/29/2025
Signature of Authorized Person: Lisa Knight	

FILED
MAY 05 2025
BY 1102 AA

MAIL TO:
Division of Business Services
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