State of Rhode Island
Department of State - Business Services Division

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BY

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	2. Exact name of the Limited Liability Company		
001738620	INTEGRATIVE HEALING CENTER, LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
621112	COUNSELING		
5. State of Formation			
RI			
6. Principal Office Address	City	State	Zip
33 RACHELA STREET	JOHNSTON	RI	02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name	Contact Title		
ABIMBOLA FUJAH	MEMBER		
Street Address	City	State	Zip
33 RACHELA STREET	JOHNSTON	RI	02919
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
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	
SANDRINE C. GUILHERME		4/17/25	
Signature of Authorized Person			

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