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State of Rhode Island Department of State - Business Services Division

FILED

MAY 0 8 2025

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.

			<u>., <</u>	- (<i>C</i>)
Entity ID Number	2. Exact name of the Limited Lia	ability Company	== ~	3.5.
0178431	STEVE GEISLER LMHC LCDP LLC		3 5	- T-1
3 NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
541612	LICENSED MENTAL HEALTH COUNSELING SERVICES			
5. State of Formation	1 DISERVED NEW WARMEN COOKERENCE CERVICES			
o, otato of totalianon				
Ri				
Principal Office Address		City	State	Zip
105 OCEANWOODS DRIVE		NORTH KINGSTOWN	R:	02852
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name		Contact Title		
STEVEN RICHARD GETSLER		MEMBER		
Street Address		City	State	Zıp
105 OCHANWOODS DRIVE		NORTH KINGSTOWN	Ri	02852
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	
STEVEN RICHARD GEISLER			03/5/25	
Signature of Authorized Person				
Mt Toll				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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