State of Rhode Island
Department of State - Business Services Division

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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		
001735902	Healthy Expressions LLC		
3. NAICS Code: 624190	4. Brief description of the character of business conducted in Rhode Island: Individual therapy, Counseling, Art therapy & goods		
5. State of Formation: R.I			
6. Principal Office Address: 10 Miner Street	City: North Providence	State: RI	Zip: 02904
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name: Asia Smith	Contact Title: Owner		
Street Address: SAA 10 Miner St.	City: N. Providence	State: RI	Zip: 02904
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: Asia Smith		Date: 3-20-2025	
Signature of Authorized Person: Asia Smith			

FILED
MAY 15 2025
BY Flyg

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