



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED
STAMP

MAY 19 2025

DEPT. OF STATE

BY SVCS DIVISION

MAY 19 2025

1. Entity ID Number 001715982		2. Exact name of the Corporation Central Wellness Counseling Services Inc.	
3. Principal Office Address 928 Atwood Avenue		City Johnston	State RI
		Zip 02919	
4. NAICS Code 621112	6. Brief description of the character of business conducted in Rhode Island Mental Health and Wellness Counseling Services, All Lawful Purposes		
5. State of Incorporation Rhode Island			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Jennifer Ann Remington		Vice-President Name Jennifer Ann Remington	
Street Address 928 Atwood Avenue		Street Address 928 Atwood Avenue	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
Secretary Name Jennifer Ann Remington		Treasurer Name Jennifer Ann Remington	
Street Address 928 Atwood Avenue		Street Address 928 Atwood Avenue	
City Johnston	State RI	City Johnston	State RI
Zip 02919		Zip 02919	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Jennifer Ann Remington		Director Name	
Street Address 928 Atwood Avenue		Street Address	
City Johnston	State RI	City	State
Zip 02919		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		PAR VALUE	
1000		Common	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative Jennifer Ann Remington - President		Date 5/8/25	
Signature of Authorized Representative <i>Jennifer Ann Remington</i>			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov