

State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2024 **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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Entity ID Number	2. Exact name of the Limited Liability Company					
001702702	MindWell Psychology LLL					
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island					
621330	ac al la somative					
5. State of Formation	psychology plactice					
RI						
6. Principal Office Address		City	State	Zip		
38 Morth Cou	urt St,	Proviolence	RI	02993		
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person						
Contact Name Contact Title						
Livia Treier		ouner				
Street Address COC	A Q.	Provideu Le	State RT	2ip 92903		
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 T	1202/		
Livia trei	er		511	12025		
Signature of Authorized Person						

MAIL TO:

Division of Business Services

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

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