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## State of Rhode Island

**Department of State - Business Services Division** 

Annual Report for the year: 2025 AWAS **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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1. Entity ID Number	2. Exact name of the Limited Liability Company						
001689317	Emerald Heart Counseling LLC						
3. MAICS Code	4. Brief description of the character of business conducted in Rhode Island						
621330	Equine-assisted Psychotherapy and						
5. State of Formation	learning and all other lawful						
RI	learning and all other lawful business.						
6. Principal Office Address		City	State	Zip			
23 North Road Bu	oilding A Soite 11	South Kingstown	RI	02879			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Contact Title							
Jessica Veroline Clinical Social worker							
Street Address	D 11 1 00 1611	City	State	Zip			
23 North Road	Building A Suikll	South Hingsom	ICIL	1050.11			
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	- C			
Jessica Ve	roline	6-27-25					
Signature of Authorized Person							
Yerrica Vliolie							
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) I do not know what my NAICS code is.

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MAIL TO:

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

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I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this
office on this day:

July 07, 2025 03:44 PM

Gregg M. Amore Secretary of State

Treg M. Coure

