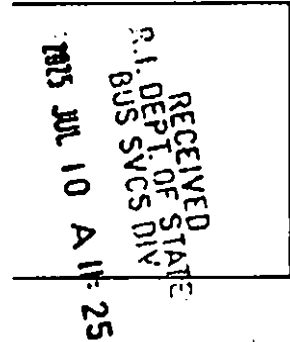


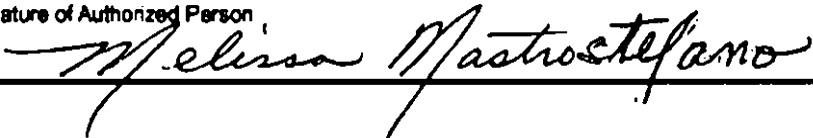


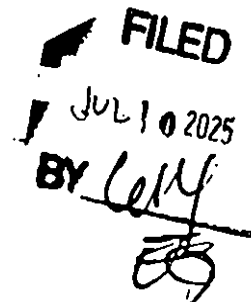
State of Rhode Island
Department of State - Business Services Division

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 001668786		2. Exact name of the Limited Liability Company COMMUNITY COUNSELING & RESTORATIVE PRACTICES, LLC	
3. NAICS Code 621330		4. Brief description of the character of business conducted in Rhode Island GRIEF RECOVERY COUNSELING, EDUCATION AND CONSULTATION	
5. State of Formation Rhode Island			
6. Principal Office Address 20 CUTTER STREET		City JAMESTOWN	State RI
		Zip 02835	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name MELISSA MASTROSTEFANO		Contact Title OWNER	
Street Address 20 CUTTER STREET		City JAMESTOWN	State RI
		Zip 02835	
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 MELISSA MASTROSTEFANO		Date 7-07-2025	
Signature of Authorized Person 			



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