



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**  
 148 W. River Street, Providence, Rhode Island 02904-2615  
**Phone:** (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov/business

## NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **2013**

**Filing Period:** June 1 - June 30 · This report must be typed or printed legibly.

**Filing Fee:** \$20.00 · FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>509973</b>		2. Exact name of the Corporation <b>BLOOM-RI, INC.</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Brief description of the character of business conducted in Rhode Island <b>SUPPORTING INDIVIDUALS AND FAMILIES AFFECTED BY EATING DISORDER</b>			
5. Principal office address <b>194 ALLEN AVENUE</b>			City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>
<b>6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>LINDA SWEET</b>			Vice-President Name <b>C. GREGORY SWEET</b>		
Street Address <b>194 ALLEN AVENUE</b>			Street Address <b>194 ALLEN AVENUE</b>		
City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>
Secretary Name <b>C. GREGORY SWEET</b>			Treasurer Name <b>LINDA SWEET</b>		
Street Address <b>194 ALLEN AVENUE</b>			Street Address <b>194 ALLEN AVENUE</b>		
City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>
<b>7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>LINDA SWEET</b>			Director Name <b>C. GREGORY SWEET</b>		
Street Address <b>194 ALLEN AVENUE</b>			Street Address <b>194 ALLEN AVENUE</b>		
City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>WAKEFIELD</b>	State <b>RI</b>	Zip <b>02879</b>
Director Name <b>ROBERT S. HAMEL</b>			Director Name		
Street Address <b>BUTLER HOSPITAL, 345 BLACKSTONE BLVD.</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
<b>8. REGISTERED AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

*This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee*

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**

**MAY 09 2013**

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.

*Linda Sweet* **5/7/2013**  
 Signature of Officer Date

**LINDA SWEET**  
 Print or Type Name of Officer

**PRESIDENT**  
 Title of Officer

By *[Signature]*  
*CP# 2464*