



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. 509973		2. Exact name of the Corporation BLOOM-RI, INC.			
3. State of Incorporation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island SUPPORTING INDIVIDUALS AND FAMILIES AFFECTED BY EATING DISORDER			
5. Principal office address 194 ALLEN AVENUE		City WAKEFIELD		State RI	Zip 02879
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name LINDA SWEET		Vice-President Name C. GREGORY SWEET			
Street Address 194 ALLEN AVENUE		Street Address 194 ALLEN AVENUE			
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Secretary Name C. GREGORY SWEET		Treasurer Name LINDA SWEET			
Street Address 194 ALLEN AVENUE		Street Address 194 ALLEN AVENUE			
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
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"/>					
Director Name LINDA SWEET		Director Name C. GREGORY SWEET			
Street Address 194 ALLEN AVENUE		Street Address 194 ALLEN AVENUE			
City WAKEFIELD	State RI	Zip 02879	City WAKEFIELD	State RI	Zip 02879
Director Name ROBERT S. HAMEL		Director Name			
Street Address BUTLER HOSPITAL, 345 BLACKSTONE BLVD.		Street Address			
City PROVIDENCE	State RI	Zip 02906	City	State	Zip
8. REGISTERED AGENT IN RHODE ISLAND					
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

Form No. 631
Revised: 05/2012

By mmc

CH# 2464

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
Signature of Officer

5/7/2013
Date

LINDA SWEET

Print or Type Name of Officer

PRESIDENT

Title of Officer