RI SOS Filing Number: 201859556290 Date: 2/28/2018 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

STAMP

1. Entity ID Number	2. Exact name of the Corporation
797620	HILDA HANNAH BLOOMBERG LICSW, INC.

3. Principal Office Address	City	State	Zip
1441 Park Avenue	Cranston	RI	02920

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
62 - Health Care and Social Ass	To provide quality behavorial health counseling services in an outpatient setting to promote optimal mental health of children, adults and families.
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Hilda H. Bloomberg			Vice-President Name: Hilda H. Bloomberg		
Street Address: 117 Gleaner Chapel Road			Street Address: 117 Gleaner Chapel Road		
City: North Scituate	State: RI	Zip: 02857	City: North Scituate	State: RI	Zip: 02857
Secretary Name: Hilda H. Bloomberg			Treasurer Name: Hilda H. Bloomberg		
Street Address: 117 Gleaner Chapel Road			Street Address: 117 Gleaner Chapel Road		
City: North Scituate	State: RI	Zip: 02857	City: North Scituate	State: RI	Zip: 02857

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: Hilda H. Bloomberg			Director Name: None		
Street Address: 117 Gleaner Chapel Road			Street Address:		
City: North Scituate	State: RI	Zip: 02857	City:	State:	Zip:
Director Name: None			Director Name: None		
Street Address:			Street Address:		
City:	State:	Zip:	City:	State:	Zip:

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State. Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
	100	Common	No Par Value

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

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 Representative	Date
Hilda H. Bloomberg	2/10/18

Signature of Authorized Representative: SIGN DOCUMENT HERE H Bloomberg

FILED

FEB 28 2018

BY 17956 DS

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

FORM 630 - Revised: 10/2016