



Department of State - Business Services Division

**FILED**

Annual Report for the year: **2019**  
Corporation

FEB 21 2019

BY

1541  
laor

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

1. Entity ID Number <b>001015108</b>		2. Exact name of the Corporation <b>BPOIRIER LICSW, INC.</b>												
3. Principal Office Address <b>2444 EAST MAIN ROAD</b>		City <b>PORTSMOUTH</b>		State <b>RI</b>	Zip <b>02871</b>									
4. NAICS Code <b>621330</b>		6. Brief description of the character of business conducted in Rhode Island <b>MENTAL HEALTH COUNSELING</b>												
5. State of Incorporation <b>RHODE ISLAND</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>BEVERLY POIRIER</b>		Vice-President Name <b>NONE</b>												
Street Address <b>2444 EAST MAIN ROAD</b>		Street Address												
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	City	State	Zip									
Secretary Name <b>BEVERLY POIRIER</b>		Treasurer Name <b>BEVERLY POIRIER</b>												
Street Address <b>2444 EAST MAIN ROAD</b>		Street Address <b>2444 EAST MAIN ROAD</b>												
City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>	City <b>PORTSMOUTH</b>	State <b>RI</b>	Zip <b>02871</b>									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
Director Name <b>NONE</b>		Director Name <b>NONE</b>												
Street Address		Street Address												
City	State	Zip	City	State	Zip									
Director Name <b>NONE</b>		Director Name <b>NONE</b>												
Street Address		Street Address												
City	State	Zip	City	State	Zip									
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td><b>200</b></td><td><b>COMMON</b></td><td><b>NO PAR</b></td></tr><tr><td></td><td></td><td></td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>200</b>	<b>COMMON</b>	<b>NO PAR</b>			
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<b>200</b>	<b>COMMON</b>	<b>NO PAR</b>												
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. <b>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.</b>														
Name of Authorized Representative <b>BEVERLY POIRIER</b>				Date <b>1/14/19</b>										
Signature of Authorized Representative <i>Beverly Poirier</i>				SIGN DOCUMENT HERE										