



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

FILED
FEB 27 2023
BY 2080
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- 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 001015108		2. Exact name of the Corporation BPOIRIER LICSW, INC.			
3. Principal Office Address 3047 EAST MAIN ROAD, SUITE 6			City PORTSMOUTH	State RI	Zip 02871
4. NAICS Code 621330		6. Brief description of the character of business conducted in Rhode Island MENTAL HEALTH COUNSELING			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name BEVERLY POIRIER			Vice-President Name NONE		
Street Address 3047 EAST MAIN ROAD, SUITE 6			Street Address		
City PORTSMOUTH	State RI	Zip 02871	City	State	Zip
Secretary Name BEVERLY POIRIER			Treasurer Name BEVERLY POIRIER		
Street Address 3047 EAST MAIN ROAD, SUITE 6			Street Address 3047 EAST MAIN ROAD, SUITE 6		
City PORTSMOUTH	State RI	Zip 02871	City PORTSMOUTH	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	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 <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		COMMON	NO PAR
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 BEVERLY POIRIER					Date 2/18/23
Signature of Authorized Representative <i>Beverly Poirier</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov