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## State of Rhode Island

## **Department of State - Business Services Division**

Annual Report for the year: **Limited Liability Company** 

R.I. DEPT. OF STATE BUS SVCS DEFE

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

2023 DEC 12 P 1: 25

Entity ID Number	2 Exact name of the Limited Liability Company			
00/734785	Blue Winte	er HC		
3. NAICS Code	Brief description of the character of business conducted in Rhode Island			
591611		Training!	,	,
5 State of Formation	· .	Training/ Silf-Help Se Ponsulting	velopm	ent-
6. Principal Office Address 400 Putnam Pike Ste 1237		City Smith field	State	Zip 02917
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Juana Parillon		Contact Title Duner		
Street Address HOO Putnam Pikf		City Str J237	State R/	zip 02917
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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 Person Date				
Ovana La Parillon			12/12/23	
Signature of Authorized Person  Panillen				
	·			

DEC 1 2 2023 BY OT >X 4

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov