



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

FILED - STAMP

FEB 08 2024

BY

1300

1. Entity ID Number 001719471		2. Exact name of the Corporation BLYTHE GOULD LMHC, INC.			
3. Principal Office Address 210 N. MAIN STREET			City SHARON	State MA	Zip 02067
4. NAICS Code 621330		6. Brief description of the character of business conducted in Rhode Island MENTAL HEALTH COUNSELOR			
5. State of Incorporation MA					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name BLYTHE C. GOULD			Vice-President Name		
Street Address 26 HILLSIDE ROAD			Street Address		
City CUMBERLAND	State RI	Zip 02864	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.		Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES 1000	CLASS/SERIES CNP	PAR VALUE 0.0000	
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 BLYTHE C. GOULD <i>Blythe Gould</i>					Date 2-4-23
Signature of Authorized Representative <i>Blythe Gould</i>					