State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2024
Limited Liability Company

→ 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	2. Exact name of the Limited Liability Company
001689193	**Bolger Psychotherapy & Assessments, LLC**
3. NAICS Code **621330**	4. Brief description of the character of business conducted in Rhode Island **Practice of psychotherapy and assessments**
5. State of Formation **RI**	

6. Principal Office Address	City	State	Zip
555 North Main Street #1342	Providence	RI	02904

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title
Chantal Bolger	**Authorized Person**

Street Address	City	State	Zip
191 Sowams Road	Barrington	RI	02806

8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.

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
Chantal Bolger	5/8/24

Signature of Authorized Person

FILED
MAY 14 2024
BY 629
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MAIL TO:
Division of Business Services
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