



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year:
Limited Liability Company

2025

- 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 001758077 | | 2. Exact name of the Limited Liability Company BLOOM & PROSPER COUNSELING, LLC | | |
| 3. NAICS Code 621410 | | 4. Brief description of the character of business conducted in Rhode Island Provide Counseling Svcs | | |
| 5. State of Formation RI | | | | |
| 6. Principal Office Address 5 Christopher Rd | | City Westerly | State RI | Zip 02891 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person | | | | |
| Contact Name Shana Bloom | | Contact Title Owner | | |
| Street Address 5 Christopher Rd | | City Westerly | State RI | Zip 02891 |
| 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 Shana Bloom | | | Date 11/19/24 | |
| Signature of Authorized Person | | | | |

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MAIL TO:

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