RI SOS Filing Number: 202565935870 Date: 2/21/2025 10:02:00 AM



State of Rhode Island Department of State - Business Services Division

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2025 FEB 21 AM 9: 5

Annual Report for the year: 2025
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.

Entity ID Number	2. Exact name of the Limited Liability Company			
001728365	Bluewater Psychiatry, LLC			
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
621112	PSYCHIATRY SERVICES			
5. State of Formation				
RI				
6. Principal Office Address St	8	City	State	Zip
197 Warren Avenue #203		East Providence	RI	02914
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Randy Freeman		Contact Title Owner		
Street Address 197 Warren Avenue #203		City East Providence	State RI	^{Zıp} 02914
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	
Randy Freeman			2/20/2025	
Signature of Authorized Person Randy Freeman				

FILED

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MAIL TO:

Division of Business Services

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

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