

State of Rhode Island Department of State - Business Services Division

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2025 FEB 21 AM 9: 55%

Annual Report for the year: 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.

2025

4. E-Paul D. N	10.5	111110000		
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	316	City	State	Zip
197 Warren Avenue #203		East Providence	RI	02914
7. Mailing Address of Limited I	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	^{Zıp} 02914
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
	l declare and affirm that I hav ements contained herein are	re examined this report, including a true and correct.	ny accompanyin	g schedules and
Name of Authorized Person			Date	
Randy Freeman			2/20/2025	
Signature of Authorized Perso Randy Freeman	n)			

FILED

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MAIL TO:

Division of Business Services

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