



State of Rhode Island
Department of State - Business Services Division

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.

FILED
Stamp
 MAR 12 2025
 BY *[Signature]*
 DEPT. OF STATE

1. Entity ID Number 000545823		2. Exact name of the Limited Liability Company Saoirse, LLC	
3. NAICS Code 621330		4. Brief description of the character of business conducted in Rhode Island Counseling services.	
5. State of Formation RI			
6. Principal Office Address 201 Waterman Avenue		City East Providence	State RI
Zip 02914			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Cara Quinn		Contact Title Authorized Person	
Street Address 201 Waterman Avenue		City East Providence	State RI
Zip 02914			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
<i>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.</i>			
Name of Authorized Person <i>Cara Quinn</i>		Date <i>3/4/25</i>	
Signature of Authorized Person <i>Cara Quinn</i>			

MAIL TO:

Division of Business Services

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