



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]*  
STATE OF RHODE ISLAND

|   |  |  |                    |
|---|--|--|--------------------|
| 1. Entity ID Number<br><b>000545823</b>   |  | 2. Exact name of the Limited Liability Company<br><b>Saoirse, LLC</b>                                      |                    |
| 3. NAICS Code<br><b>621330</b>  |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Counseling services.</b> |                    |
| 5. State of Formation<br><b>RI</b>  |  |  |                    |
| 6. Principal Office Address<br><b>201 Waterman Avenue</b>   |  | City<br><b>East Providence</b>   | State<br><b>RI</b> |
|   |  | Zip<br><b>02914</b>  |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person   |  |  |                    |
| Contact Name<br><b>Cara Quinn</b>   |  | Contact Title<br><b>Authorized Person</b>  |                    |
| Street Address<br><b>201 Waterman Avenue</b>  |  | City<br><b>East Providence</b>   | State<br><b>RI</b> |
|   |  | Zip<br><b>02914</b>  |                    |
| 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<br><i>Cara Quinn</i>  |  | Date<br><i>3/4/25</i>  |                    |
| Signature of Authorized Person<br><i>Cara Quinn</i>   |  |  |                    |

**MAIL TO:**  
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