



State of Rhode Island
Department of State - Business Services Division

Stamp
REC'D RIDG 3SD
25 MAY 28 PM 2:43:25

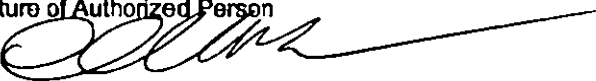
Annual Report for the year: 2025

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.

1. Entity ID Number 001689193		2. Exact name of the Limited Liability Company Bolger Psychotherapy & Assessments, LLC	
3. NAICS Code 621330		4. Brief description of the character of business conducted in Rhode Island Practice of psychotherapy and assessments	
5. State of Formation RI			
6. Principal Office Address 555 North Main Street, Suite 1342		City Providence	State RI Zip 02904
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Chantal Bolger		Contact Title Authorized Person	
Street Address 191 Sowams Road		City Barrington	State RI Zip 02806
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 Chantal Bolger		Date 5/23/25	
Signature of Authorized Person 			

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED
MAY 28 2025
BY 1026
EG