State of Rhode Island
Department of State - Business Services Division

RECD RIDOS 25 MAY 28 P12:43:25

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.			
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 **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

FORM 632 - Revised: 04/2023