



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

Nellie M. Gorbea, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\*In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

|   |                    |  |                                 |                    |                     |
|---|--------------------|--|---------------------------------|--------------------|---------------------|
| 1. ID No.<br><b>156904</b>  |                    | 2. Exact name of the limited liability company<br><b>Neurobehavioral Consultants Strategies &amp; Solutions, LLC</b>   |                                 |                    |                     |
| 3. State of Formation<br><b>Rhode Island</b>  |                    | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br><b>Provide mental health counseling and consulting.</b> |                                 |                    |                     |
| 5. Principal office address<br><b>2893 Post Road</b>  |                    | City<br><b>Warwick</b>   |                                 | State<br><b>RI</b> | Zip<br><b>02886</b> |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON   |                    |  |                                 |                    |                     |
| Contact Name<br><b>Jeffrey R. Brusini</b>   |                    |  | Contact Title<br><b>Manager</b> |                    |                     |
| Street Address<br><b>2893 Post Road</b>   |                    | City<br><b>Warwick</b>   |                                 | State<br><b>RI</b> | Zip<br><b>02886</b> |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS<br>FILL IN SPACES BELOW USING ATTACHMENTS (SEE BOX FOR ATTACHMENT) <input type="checkbox"/> |                    |  |                                 |                    |                     |
| Manager Name<br><b>Jeffrey R. Brusini</b>   |                    |  | Manager Name                    |                    |                     |
| Street Address<br><b>2893 Post Road</b>   |                    |  | Street Address                  |                    |                     |
| City<br><b>Warwick</b>  | State<br><b>RI</b> | Zip<br><b>02886</b>  | City                            | State              | Zip                 |
| Manager Name  |                    |  | Manager Name                    |                    |                     |
| Street Address  |                    |  | Street Address                  |                    |                     |
| City  | State              | Zip  | City                            | State              | Zip                 |
| 8. RESIDENT AGENT IN RHODE ISLAND   |                    |  |                                 |                    |                     |
| This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11 Orson and Brusini Ltd.   |                    |  |                                 |                    |                     |

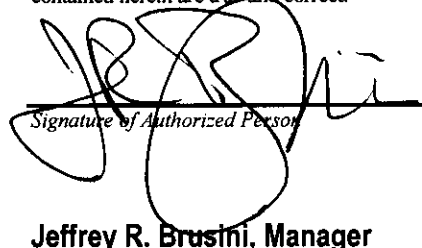
This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**FILED**

**NOV 09 2015**

|                                 |                |
|---------------------------------|----------------|
| File Date                       | BY <u>0039</u> |
| Check No.                       |                |
| By                              |                |
| FOR SECRETARY OF STATE USE ONLY |                |

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.

  
Signature of Authorized Person  
Date 11/2/15  
**Jeffrey R. Brusini, Manager**

Print or Type Name of Authorized Person