



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

FILED

NOV 17 2017

BY

17826

Annual Report for the year: **2017**

Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

|                                                                                                                                                                                                             |                    |                                                                                                                                                   |      |                         |                     |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|------|-------------------------|---------------------|
| 1. Entity ID Number<br><b>793545</b>                                                                                                                                                                        |                    | 2. Exact name of the Limited Liability Company<br><b>OCEAN STATE BEHAVIORAL, LLC</b>                                                              |      |                         |                     |
| 3. NAICS Code<br><b>621111</b>                                                                                                                                                                              |                    | 4. Brief description of the character of business conducted in Rhode Island<br><i>To provide behavioral services to children and young adults</i> |      |                         |                     |
| 5. State of Formation<br><b>RHODE ISLAND</b>                                                                                                                                                                |                    |                                                                                                                                                   |      |                         |                     |
| 6. Principal Office Address<br><b>2733 Post Road</b>                                                                                                                                                        |                    | City<br><b>Warwick</b>                                                                                                                            |      | State<br><b>RI</b>      | Zip<br><b>02886</b> |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |                    |                                                                                                                                                   |      |                         |                     |
| Contact Name<br><b>Stephen Patch</b>                                                                                                                                                                        |                    | Contact Title<br><b>Member</b>                                                                                                                    |      |                         |                     |
| Street Address<br><b>2733 Post Road</b>                                                                                                                                                                     |                    | City<br><b>Warwick</b>                                                                                                                            |      | State<br><b>RI</b>      | Zip<br><b>02886</b> |
| 8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS                                                                                            |                    |                                                                                                                                                   |      |                         |                     |
| Manager Name<br><b>Stephen W Patch</b>                                                                                                                                                                      |                    | Manager Name                                                                                                                                      |      |                         |                     |
| Street Address<br><b>2733 Post Rd</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                 |
| Check the box to indicate an attachment <input type="checkbox"/>                                                                                                                                            |                    |                                                                                                                                                   |      |                         |                     |
| 9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.                                                                   |                    |                                                                                                                                                   |      |                         |                     |
| <b>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.</b> |                    |                                                                                                                                                   |      |                         |                     |
| Name of Authorized Person<br><i>Stephen Patch</i>                                                                                                                                                           |                    |                                                                                                                                                   |      | Date<br><b>10/26/17</b> |                     |
| Signature of Authorized Person<br><i>[Signature]</i>                                                                                                                                                        |                    |                                                                                                                                                   |      |                         |                     |

MAIL TO:

Division of Business Services

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