

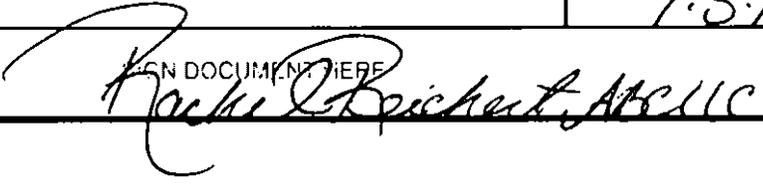


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

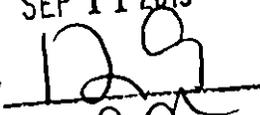
STATE

Annual Report for the year: 2019
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 1670548		2. Exact name of the Limited Liability Company Advanced Behavioral Consultation, LLC			
3. NAICS Code 541720		4. Brief description of the character of business conducted in Rhode Island behavioral health and social service provider			
5. State of Formation Rhode Island					
6. Principal Office Address 220 Old Snake Hill Road			City Chepachet	State RI	Zip 02814
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Rachel Reichert			Contact Title Member		
Street Address 220 Old Snake Hill Road			City Chepachet	State RI	Zip 02814
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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.					
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 Rachel Reichert				Date 9.3.19 ✓	
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
 SEP 11 2019
 BY 
 FORM 632 Revised: 10/2017