

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



Entity ID Number	2. Exact nar	me of the Limited L	jability Company			
793545	1	OCEAN STATE BEHAVIORAL, LLC				
3. NAICS Code	4. Brief des	Brief description of the character of business conducted in Rhode Island				
621111	To provide behavioral services to children and young adults.					
5. State of Formation	7					
Rhode Island						
6. Principal Office Address			City	State	Zip	
2733 Post Road			Warwick	RI	02886	
7. Mailing Address of Limited L		ny and Name or Til		<u> </u>	<u> </u>	
Contact Name Stephen W. Patch			Contact Tille Manager			
Street Address 2733 Post Road			City Warwick	State RI	Z _{IP} 02886	
8. List ALL managers (names	and addresses) of the Limited Lia	bility Company, IF APPLICA	BLE - DO NOT LIST	MEMBERS	
Manager Name Stephen W. Patch			Manager Name			
Street Address 2733 Post Road			Street Address			
City Warwick	State RI	Z ^{.p} 02886	City	State	Zp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Z:p	City	State	Z p	
	<u> </u>			Check the box to a	I indicate an attachment	
9. Resident Agent in Rhode Is	land. This inform	ation is currently of re	ecord with the Department of Si			
Under penalty of perjury, I d statements, and that all state	eclare and affi	rm that I have exa	mined this report, includi			
Name of Authorized Person			-	Date	1	
Stephen W. Patch		Malla		1010	2/19	
Signature of Authorized Perso	n	જંવ				
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MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov