



State of Rhode Island

Department of State - Business Services Division

FILED

OCT 06 2020

BY

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Annual Report for the year: 2020

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 1095466		2. Exact name of the Limited Liability Company Baxter Behavioral Health, LLC			
3. NAICS Code 621330		4. Brief description of the character of business conducted in Rhode Island health-care			
5. State of Formation RHODE ISLAND					
6. Principal Office Address P.O. BOX 949		City NORTH KINGSTOWN	State RI	Zip 02852	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name RYAN P. BAXTER, PMHP-BC, RNP			Contact Title MEMBER		
Street Address P.O. BOX 949		City NORTH KINGSTOWN	State RI	Zip 02852	
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. 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 RYAN P. BAXTER, PMHP-BC, RNP				Date 10-1-2020	
Signature of Authorized Person 					

MAIL TO:

Division of Business Services

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