



State of Rhode Island  
Department of State - Business Services Division

**FILED**

APR 06 2021

BY 0115  
*[Signature]*

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 <b>001698403</b>		2. Exact name of the Limited Liability Company <b>Barrington Behavioral Health Services, LLC</b>			
3. NAICS Code 621330		4. Brief description of the character of business conducted in Rhode Island Professional provider of behavioral and mental health services.			
5. State of Formation Rhode Island					
6. Principal Office Address 260 Waseca Avenue		City Barrington	State RI	Zip 02806	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Peter Oppenheimer			Contact Title Member		
Street Address 260 Waseca Avenue		City Barrington	State RI	Zip 02806	
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.					
<i>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.</i>					
Name of Authorized Person Peter Oppenheimer			Date 3/30/21		
Signature of Authorized Person <i>[Signature]</i>					

**MAIL TO:**  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov