



**State of Rhode Island
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. ID No. 001691143

2. Exact Name of the Limited Liability Company New Directions Behavioral Health, LLC

3. State of Formation

State: MO

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

525120

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

BEHAVIORAL HEALTH

5. Principal Office Address

No. and Street: 6100 SPRINT PARKWAY
SUITE 200

City or Town: OVERLAND PARK State: KS Zip: 66211 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: PATRICIA MERRILL Contact Title: LICENSING AND COMPLIANCE COORDINATOR

No. and Street: P.O. BOX 6729

City or Town: LEAWOOD State: KS Zip: 66206 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	ANN SHELTON	BCBSKS, 1133 SW TOPEKA BLVD. TOPEKA, KS 66629-0001 USA

MANAGER	JAMES R BAILEY	BCBSAR, P.O. BOX 2181 LITTLE ROCK, AR 72201 USA
MANAGER	SUE BARKELL	BCBSMI, 600 LAFAYETTE EAST, MAIL CODE 513A DETROIT, MI 48226-2998 USA
MANAGER	BRYAN CAMERLINCK	BCBSLA, 5525 REITZ AVENUE BATON ROUGE, LA 70809 USA
MANAGER	DICK (DOW) DOWLING BRIGGS III	BCBSAL, 450 RIVERCHASE PARKWAY EAST BIRMINGHAM, AL 35244 USA
MANAGER	THURMAN JUSTICE	4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 32246 USA
MANAGER	ELANA SCHRADER	4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 32246 USA
MANAGER	NEEKASH DEWAN	4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 32246 USA
MANAGER	ALINA SCHREIBER	4800 DEERWOOD CAMPUS PARKWAY JACKSONVILLE, FL 32246 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

NORTHWEST REGISTERED AGENT, LLC 47 WOOD AVE. STE 2 BARRINGTON , RI 02806

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 2 Day of June, 2021 at 5:26:40 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By CARLOS LINDO
Signature of Authorized Person

Form No. 632
Revised 09/07

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