



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

No Fee

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

**Domestic Limited Liability Company
Annual Report - Amended**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), 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.

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2022

1. ID No. 001694354

2. Exact Name of the Limited Liability Company SPECTRUM NEURO BEHAVIORAL CARE LLC

3. State of Formation

State: RI

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.

621112

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

OUTPATIENT SERVICES FOR BEHAVIORAL HEALTH.

5. Principal Office Address

No. and Street: 63 EDDIE DOWLING HIGHWAY
SUITE 8

City or Town: NORTH SMITHFIELD State: RI Zip: 02896 Country: USA

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

Contact Name: DR. FAUZIA WALI-KHAN Contact Title: MEMBER

No. and Street: 63 EDDIE DOWLING HWY
SUITE # 8

City or Town: NORTH SMITHFIELD State: RI Zip: 02896 Country: USA

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

FURQUAN SYED 63 EDDIE DOWLING HWY SUITE # 8 NORTH SMITHFIELD , RI 02896

Signed this 13 Day of April, 2022 at 11:40:41 AM 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 FAUZIA WALI-KHAN
Signature of Authorized Person

Form No. 632
Revised 09/07

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