	State of Rhode Island	Fee: \$50.00
~	Office of the Secretary of State	
	Division Of Business Services 148 W. River Street	
	Providence RI 02904-2615	
1636	(401) 222-3040	
Limited Liability Annual Report	Company	
Filing Period: Febr	uary 1 - May 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: 2023		
1. ID No. <u>001698564</u>		
2. Exact Name of the Limited Liability Company <u>Autism Level UP! LLC</u>		
3. State of Forma	ation	
State: <u>RI</u>		
ARTICLE III		
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.		
<u>621330</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
AUTISM EDUCATION AND TRAINING		
5. Principal Offic	e Address	
No. and Street:	100 JUNIPER DRIVE	
City or Town:	<u>NORTH KINGSTOWN</u> State: <u>RI</u> Zip: <u>02852</u> Co	untry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: C		
No. and Street: City or Town:	<u>100 JUNIPER DRIVE</u> <u>NORTH KINGSTOWN</u> State: <u>RI</u> Zip: <u>02852</u> Cc	ountry: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11		
AMY BETH COGGESHALL LAURENT 100 JUNIPER DRIVE NORTH KINGSTOWN , RI 02852		
		, 11 02002

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

Signed this 16 Day of April, 2023 at 11:12:54 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 <u>AMY B. COGGESHALL LAURENT</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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