RI SOS Filing Number: 202450154090 Date: 4/4/2024 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024 **Limited Liability Company**

APR 0 4 2024

101

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1 Entity ID Number	Exact name of the Limited Liability Company Advanced Behavioral Consultation, LLC			
1670548				
3. NAICS Code5417205. State of Formation	Brief description of the character of business conducted in Rhode Island Behavioral health and social service provider			
Rhode Island				
6. Principal Office Address 220 Old Snake Hill Road		City Chepachet	State RI	Zip 02814
7. Mailing Address of Limited Lia	bility Company and Name or Title	of Contact Person	 -	
Contact Name Rachel Reichert		Contact Title Member		
Street Address 220 Snake Hill Road		City Chepachet	State	^{Zip} 02814
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filling Form 642				
9. 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			Date 1 1	
Rachel Reichert			3/15	124
Signature of Authorized Porses Ochle Koichert				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov