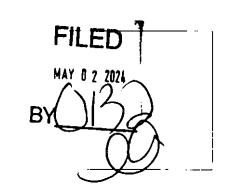


State of Rhode Island

## **Department of State - Business Services Division**

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

- → 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 001711467	2. Exact name of the Limited Liability Company Barrington Behavioral Health Realty, LLC				
3. NAICS Code 531120 5. State of Formation Rhode Island	4. Brief description of the character of business conducted in Rhode Island  To buy, sell and/or own property				
6. Principal Office Address 260 Waseca Avenue		City Barrington	State RI	Z <sub>IP</sub> 02806	
7. Mailing Address of Limite	d 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	<sup>Z<sub>IP</sub></sup> 02806	
8. The Resident Agent infor	mation currently of record with t	he RI Department of State is accur	ate. Changes require	e filing Form 642.	
Under penalty of perjury, statements, and that all s	l declare and affirm that I have tatements contained herein ai	e examined this report, including true and correct.	any accompanyin	g schedules and	
Name of Authorized Person Peter Oppenheimer			Date 1/29/24		
Signature of Authorized Pe	Son ?				

MAIL TO:

**Division of Business Services** 

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

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