



**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: February 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 - ENTER THE CURRENT YEAR 2024:** 2024

**1. ID No.** 001716947

**2. Exact Name of the Limited Liability Company** Strides Behavioral Services, LLC

**3. State of Formation**

State: RI

**NAICS CODE**

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.

621399

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

STRIDES BEHAVIORAL SERVICES HELPS THE INDIVIDUAL IMPROVE SOCIAL INTERACTIONS,  
LEARN NEW SKILLS, AND MAINTAIN POSITIVE BEHAVIORS. ABA THERAPY APPLIES THE  
UNDERSTANDING OF HOW BEHAVIOR WORKS IN REAL SITUATIONS. THESE SERVICES ARE  
FOCUSED ON CHILDREN WITH A DIAGNOSIS OF AUTISM BUT CAN BE APPLIED TO OTHER  
BEHAVIORAL ISSUES.

**5. Principal Office Address**

No. and Street: 600 TOLL GATE RD

City or Town: WARWICK

State: RI

Zip: 02886

Country: USA

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

Contact Name: THOMAS DILLON Contact Title:  
No. and Street: 600 TOLL GATE RD  
City or Town: WARWICK State: RI Zip: 02886 Country: USA

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

RACHAEL RUDLOFF 124 TEAKWOOD DR W COVENTRY , RI 02816

**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 July, 2024 at 12:56:58 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 THOMAS DILLON  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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