

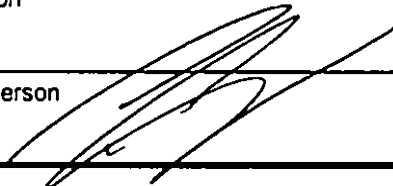


State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 JUL 30 PM 4:15:17

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 001694354		2. Exact name of the Limited Liability Company Spectrum Neuro Behavioral Care LLC		
3. NAICS Code 621112		4. Brief description of the character of business conducted in Rhode Island Behavioral Health Practice.		
5. State of Formation RI				
6. Principal Office Address 63 Eddie Dowling Hwy., Suite 8		City North Smithfield	State RI	Zip 02896
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Furquan Syed		Contact Title Director		
Street Address 33 Winston Rd		City Holliston	State MA	Zip 01746
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing 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 Furquan Syed			Date 07-30-2024	
Signature of Authorized Person 				

VB FILED 417
JUL 30 2024
BY 6W04N

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov