RI SOS Filing Number: 202458453870 Date: 7/30/2024 4:16:00 PM

State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2023
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	2. Exact name of the Limited Liability Company		
001694354	Spectrum Neuro Behavioral Care LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island		
621112	Behavioral Health Practice.		
5. State of Formation			
RI			
6. Principal Office Address	City	State	Zip
63 Eddie Dowling Hwy., Suite 8	North Smithfield	RI	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			

FILED 416
JUL 30 2024
BY GWDYN

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