

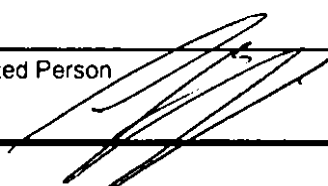


State of Rhode Island  
Department of State - Business Services Division

REC'D RIDOS BSD  
24 JUL 30 PM 4:15:22

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<br><b>001694354</b>                                                                                                                                                                        |  | 2. Exact name of the Limited Liability Company<br><b>Spectrum Neuro Behavioral Care LLC</b>                       |                    |
| 3. NAICS Code<br><b>621112</b>                                                                                                                                                                                 |  | 4. Brief description of the character of business conducted in Rhode Island<br><b>Behavioral Health Practice.</b> |                    |
| 5. State of Formation<br><b>RI</b>                                                                                                                                                                             |  |                                                                                                                   |                    |
| 6. Principal Office Address<br><b>63 Eddie Dowling Hwy., Suite 8</b>                                                                                                                                           |  | City<br><b>North Smithfield</b>                                                                                   | State<br><b>RI</b> |
|                                                                                                                                                                                                                |  | Zip<br><b>02896</b>                                                                                               |                    |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                                   |                    |
| Contact Name<br><b>Furquan Syed</b>                                                                                                                                                                            |  | Contact Title<br><b>Director</b>                                                                                  |                    |
| Street Address<br><b>33 Winston Rd</b>                                                                                                                                                                         |  | City<br><b>Holliston</b>                                                                                          | State<br><b>MA</b> |
|                                                                                                                                                                                                                |  | Zip<br><b>01746</b>                                                                                               |                    |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                            |  |                                                                                                                   |                    |
| 9. <i>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.</i> |  |                                                                                                                   |                    |
| Name of Authorized Person<br><b>Furquan Syed</b>                                                                                                                                                               |  | Date<br><b>07-30-2024</b>                                                                                         |                    |
| Signature of Authorized Person<br>                                                                                          |  |                                                                                                                   |                    |

FILED 416  
JUL 30 2024  
BY 6W04W

**MAIL TO:**

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