

State of Rhode Island **Department of State - Business Services Division**

Annual Report for the year: 2025 **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			
001712675	Boston Behavior Learning Centers			
3. NAICS Code 621300 5. State of Formation MA	Brief description of the character of business conducted in Rhode Island we render ABA services for children on the autism spectrum and with Learning disabilities			
6. Principal Office Address		City	State	Zip
20 Catamore Blvd		East Providence	RI	02914
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name Kathy Fehily		Contact Title Director of Finance		
Street Address 109 Oak St. Suite G20		City Newton	State MA	^{Zip} 02464
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 Date 2224 Date 2224				
Signature/of Authorized/Person With the first signature of Authorized Person Of the first signature of Author				

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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