

State of Rhode Island Department of State - Business Services Division

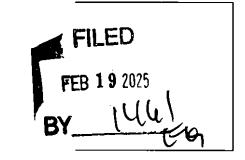
Annual Report for the year: 2025

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			
1095466	BAXTER BEHAVIORAL HEALTH, LLC			
3. NAICS Code 621330	4. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN ANY LAWFUL BUSINESS			
5. State of Formation RHODE ISLAND	<u> </u>			
6. Principal Office Address	<u>.</u>	City	State	Zip
P.O. BOX 949		NORTH KINGSTOWN	RI	02852
7. Mailing Address of Limited Lia	ability Company and Name or Title	of Contact Person	<u> </u>	
Contact Name RYAN P. BAXTER, PMHP-BC, RNP		Contact Title MEMBER		
P.O. BOX 949		City N. KINGSTOWN	State RI	^{Zip} 02852
8. The Resident Agent Information	on currently of record with the RI D	Department of State is accurate. C	hanges require	filing Form 642.
9. Under penalty of perjury, I o statements, and that all staten	leclare and affirm that I have extended in the second in t	amined this report, including an and correct.	y accompanyi	ng schedules and
Name of Authorized Person			Date	
RYAN P. BAXTER, PMI	HP-BC, RNP			
Signature of Authorized Person	Jen	2	Zli	1/25

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

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