



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea, Secretary of State**

**Rules and Regulations Filing Form**

**1. Agency Name and Address**

**Behavioral Healthcare, Developmental Disabilities and Hospitals, Department of**  
 Barry Hall, 14 Harrington Rd., Cranston, RI 02920

**2. Title of Rule**

Rules and Regulations for the Licensing of Developmental Disability Organizations - Part II Developmental Disability Organizations

**3. Statutory Source of Authority**

Rhode Island General Laws 40.1-24-1 et. seq.

**4. Concise Explanatory Statement - §42-35-2.6**

These are technical revisions to fix the page numbering of the document and the table of contents to reflect the correct page numbers. No substantive changes are being made at this time.

**5. Type of Filing**

Emergency Rules	
<p>A1. Emergency 120-day initial - §42-35-2.10</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment of ERLID:</p> <p><input type="checkbox"/> Repeal of ERLID:</p>	<p>A2. Emergency 60-day renewal - §42-35-2.10</p> <p><input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Amendment</p> <p><input type="checkbox"/> Repeal</p> <p>Indicate ERLID of 120-day initial:</p>
<p>Brief Statement of Reason for Finding Imminent Peril §42-35-2.10:</p>	

Final Rules		
<p><input type="checkbox"/> B1. Amendment - §42-35-3(a)</p> <p><input checked="" type="checkbox"/> C. Technical Revision</p>	<p><input type="checkbox"/> B2. Adoption - §42-35-3(a)</p> <p><input type="checkbox"/> D. Direct Final Rule - §42-35-2.11</p>	<p><input type="checkbox"/> B3. Repeal - §42-35-3(a)</p>
<p>Supersedes ERLID: 7175</p> <p>If B1 or C, please indicate new, amended, deleted, or revised sections:                  Table of Contents and Page Numbers fixed to reflect correct numbering.</p>		

**6. Notice and Hearing Information**

Date of Public Notice - §42-35-2.8: Notice Not Required  
 Date of Public Hearing - §42-35-2.8: Hearing Not Required  
 End of Comment Period - §42-35-2.8 :

**7. Agency Additional Information - Web Page**

<http://www.bhddh.ri.gov>

**8. Certification**

*I hereby certify that the attached rules and regulations were adopted in accordance with the Administrative Procedures Act (42-35) and that they are true copies of this Department, attest,*

\_\_\_\_\_  
 Name

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Notary Public

Subscribed and sworn before me  
 this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_