



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Non-Profit Corporation  
Annual Report**

Filing Period: June 1 - June 30

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2018

**1. Corporate ID No.** 000028116

**2. Name of Corporation** Community Care Alliance

**3. State of Incorporation**

State: RI

**ARTICLE III**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

**4. Corporate Address in Rhode Island**

No. and Street: 800 CLINTON STREET, SUITE 302

P.O. BOX 1700

City or Town: WOONSOCKET

State: RI Zip: 02895 Country: USA

**5. Foreign Corporation. Enter Principal Office Address**

No. and Street:

City or Town: State: Zip: Country:

**6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island**

TO DEVELOP, MAINTAIN, AND PROVIDE A COMPREHENSIVE, COMMUNITY-BASED NETWORK OF MENTAL HEALTH SERVICES.

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title**

**Incorporator is no longer applicable; please delete**

**THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	BENEDICT F. LESSING JR.	CO COMMUNITY CARE ALLIANCE PO BOX 1700 WOONSOCKET, RI 02895 USA
SECRETARY	NANCY BENOIT	28 BERKLEY ST WOONSOCKET, RI 02895 USA
VICE PRESIDENT	WILLIAM RYAN	44 MAIN ST BLACKSTONE, MA 01504 USA
CHAIRPERSON	LYNDA STEIN	626 ELMDALE RD NORTH SITUATE, RI 02857 USA
DIRECTOR	WILLIAM M. RYAN	44 MAIN STREET BLACKSTONE, MA 01504
NON-VOTING DIRECTOR	BENEDICT F LESSING	P O BOX 1700 WOONSOCKET, RI 02895 USA
DIRECTOR	LYNDA STEIN	626 ELMDALE RD NORTH SCITUATE, RI 02857 USA
DIRECTOR	LOUISE L PHELAN	1885 VICTORY HWY GLENDALE, RI 02826 USA
DIRECTOR	DEE HENRY	30 BOARDMAN ST NORFOLK, MA 02056 USA
DIRECTOR	CANDY J SHELDON	26 MORIN HEIGHTS BLVD WOONSOCKET, RI 02895 USA
DIRECTOR	JO-ANN RAJABIUN	27 KENNEDY BLVD LINCOLN, RI 02865 USA
DIRECTOR	PATRICIA ALLEN	50 RHODES AVE WOONSOCKET, RI 02895 USA
DIRECTOR	MARIA USEINOSKI	24 WAYNE RD WOONSOCKET, RI 02895 USA
DIRECTOR	DENISE D LEDUC	85 NAPOLEON ST WOONSOCKET, RI 02895 USA
DIRECTOR	JEFFREY THOMAS	277 GREAT RD N. SMITHFIELD, RI 02896 USA
DIRECTOR	JILL RASMUSEEN	14 CORA ST EAST GREENWICH, RI 02818 USA
DIRECTOR	NANCY BENOIT	28 BERKLEY ST WOONSOCKET, RI 02895 USA
DIRECTOR	JAMES MCNUTLY	485 PASCOAG MAIN ST PASCOAG, RI 02859 USA
DIRECTOR	ROLAND M BOUCHER	273 GREAT RD NORTH SMITHFIELD, RI 02895 USA
DIRECTOR	JUDITH R DANCE	196 THIRD AVE. WOONSOCKET, RI 02895 USA
DIRECTOR	CHARLES NOEL	20 EMERSON ST MENDON, MA 01756 USA
DIRECTOR	JOUCE J DOLBEC	P O BOX 671 SLATERSVILLE, RI 02876 USA
DIRECTOR	BAMBY L MOHAMED	394 CONGRESS ST WOONSOCKET, RI 02895 USA
DIRECTOR	CAROL WILSON-ALLEN	139 HALSEY RD WOONSOCKET, RI 02895 USA

DIRECTOR	KELLY AUCLAIR	1255 MANVILLE RD WOONSOCKET, RI 02895 USA
DIRECTOR	LOUISE PHELAN	1885 VICTORY HWY CLENDALE, RI 02826 USA
DIRECTOR	MELISSA MURRAY	268 PROSPECT STREET WOONSOCKET, RI 02895 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CYNTHIA J. WARREN, ESQ. CAMERON & MITTLEMAN LLP 301 PROMENADE STREET  
PROVIDENCE , RI 02908

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 8 Day of June, 2018 at 11:53:53 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By BENEDICT LESSING  
Signature of Authorized Person

Form No. 631  
Revised 09/07