



**State of Rhode Island  
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:** 2021

**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. Principal Office Address**

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:

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

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

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

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island**

**Corporation shall not be less than 3.**

<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
CHAIRPERSON	LYNDA STEIN	626 ELMDALE RD NORTH SITUATE, RI 02857 USA
NON-VOTING DIRECTOR	BENEDICT F LESSING	P O BOX 1700 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	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	MELISSA MURRAY	268 PROSPECT STREET WOONSOCKET, RI 02895 USA
DIRECTOR	KELLY AUCLAIR	1255 MANVILLE RD 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	CHARLES NOEL	20 EMERSON ST MENDON, MA 01756 USA
DIRECTOR	BAMBY L MOHAMED	394 CONGRESS ST WOONSOCKET, RI 02895 USA
DIRECTOR	CAROL WILSON-ALLEN	139 HALSEY RD WOONSOCKET, RI 02895 USA
DIRECTOR	SHARON HARMON	568 BERNON ST WOONSOCKET, RI 02895 USA
DIRECTOR	MOLLY CHAMPAGNE BURKE	59 EDMUND ST WOONSOCKET, RI 02895 USA
DIRECTOR	THOMAS GRAY	122 NORTH MAIN ST WOONSOCKET, RI 02895 USA
DIRECTOR	JUDITH DANCE	2510 MENDON RD CUMBERLAND, RI 02864 USA

**7. 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

**8. 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 July, 2021 at 2:38:02 PM 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 FL. LESSING, JR.  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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