



**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

**Foreign Non-Profit  
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.** 001659500

**2. Name of Corporation** Oxford House, Inc.

**3. State of Incorporation**

State: DE

**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: 1010 WAYNE AVENUE, SUITE 300

City or Town: SILVER SPRING

State: MD Zip: 20910 Country: USA

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

OXFORD HOUSE IS DEDICATED TO ESTABLISHING AND MAINTAINING DISCIPLINED SELF-HELP HOUSING THAT SUPPORTS LONG-TERM RECOVERY FROM ALCOHOLISM AND DRUG ADDICTION

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

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	J PAUL MOLLOY	1010 WAYNE AVE SUITE 300 SILVER SPRING, MD 20910 USA

TREASURER	JUDY O'HARA	1010 WAYNE AVENUE SUITE 300 SILVER SPRING , MD 20910 USA
SECRETARY	MOLLIE BROWN	1010 WAYNE AVENUE SUITE 300 SILVER SPRING , MD 20910 USA
DIRECTOR	JERRY CONLON	1010 WAYNE AVENUE SUITE 300 SILVER SPRINGS, MD 20910 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**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  
02888

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

**Signed this 6 Day of October, 2021 at 3:58:32 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 MOLLIE BROWN  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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