



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

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

# NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: June 1 - June 30 • Filing Fee: \$20.00 \* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK  
\* 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.

1. Corporate ID No. <b>162634</b>		2. Name of Corporation <b>NEIGHBORHOOD MENTAL HEALTH FOUNDATION</b>	
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate address in Rhode Island - Street Address <b>1090 NEW LONDON AVE. SUITE #1</b>	
		City <b>CRANSTON R.I.</b>	Zip <b>02920</b>
5. Foreign corporation. Enter principal office address		City	State
			Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>PROVIDE OUTPATIENT PSYCHIATRIC, MENTAL HEALTH AND CAREER COUNSELING SERVICES TO THE POOR, THE DISTRESSED, THE UNDER SERVED, AND THE UNDER PRIVILEGED IN URBAN NEIGHBORHOODS IN RHODE ISLAND</b>			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name <b>MURRAY H. FINLEY, Ph.D.</b>		Vice President Name <b>ROBERT ARRUOA</b>	
Street Address <b>165 LAURIE HILL ROAD</b>		Street Address <b>341 GILBERT STUART DRIVE</b>	
City <b>EAST GREENWICH</b>	State <b>RI</b>	City <b>EAST GREENWICH</b>	State <b>RI</b>
Zip <b>02818</b>		Zip <b>02818</b>	
Secretary Name <b>ROBERT SENVILLE, ESQ.</b>		Treasurer Name <b>JOYCE BARR</b>	
Street Address <b>170 WESTMINSTER ST. 8TH FLOOR</b>		Street Address <b>9 CULLEN HILL ROAD</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>LINCOLN</b>	State <b>RI</b>
Zip <b>02903</b>		Zip <b>02865</b>	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS			
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23			
Director Name <b>LYNDA AVANZZATO</b>		Director Name <b>JOHN RUGGIANO, MD</b>	
Street Address <b>29 COLLINS COURT</b>		Street Address <b>P.O. BOX AA</b>	
City <b>NORTH KINGSTON</b>	State <b>RI</b>	City <b>CHEPACHT</b>	State <b>RI</b>
Zip <b>02852</b>		Zip <b>02814</b>	
Director Name <b>DENNIS LANGLIEY, Ph.D.</b>		Director Name <b>BRIAN STERN, GOVERNOR'S CHIEF OF STAFF</b>	
Street Address <b>246 PRAIRIE AVENUE</b>		Street Address <b>228 STATE HOUSE</b>	
City <b>PROVIDENCE</b>	State <b>RI</b>	City <b>PROVIDENCE</b>	State <b>RI</b>
Zip <b>02905</b>		Zip <b>02903</b>	
9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78			
Agent Name <b>ROBERT SENVILLE, ESQ.</b>		Address	
Address <b>170 WESTMINSTER ST. 8TH FLOOR</b>		City <b>PROVIDENCE</b>	Zip <b>02903</b>

This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date	<b>FILED</b>
Check No.	<b>JUN 24 2008</b>
By:	<b>5348</b>
BY SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

**Murray H. Finley, Ph.D.** 06/23/08  
Signature of Officer Date  
**MURRAY H. FINLEY, Ph.D.**  
Print or Type Name of Officer  
**PRESIDENT**  
Title of Officer