

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

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>86184</b>	2. Name of Corporation RHOSE ISLAND MENTAL HEALTH COUNSELOR'S ASSOCIATION				
3. State of Incorporation R.I.	4. Corporate addr	4. Corporate address in Rhode Island - Street Address 31 SHITH AVE-3 REAR		City GREENVILLE	12828
Foreign corporation. Enter principal office address			City	State	Zip
ADVANCE THE	E PROFESSION		ode Island  EALTH COUNSELVY  FACHMENT)   FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS
President Name SUSAN WRIGHT Street Address 36 CONCORD AVE.			Vice President Name COLLEW TUDGE Street Address 44 BARNES ST.		
Secretary Name N/A			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
LEE DALPHONSE Street Address 7 BOULDER DL			NAHID ABED FAGHRI Street Address 55 SPRING VALLEY DR.		
COVENTRY	State RI	Zip 02816	E. GREEN WICH	State  EL	10818 A
Director Name ELIZABETH ALOISIO			Director Name CYNTHIA BEARSE		
Street Address 1690 NEW LONSON AVE			Street Address 10 LAWN WOOD ES.		
cuy CRANSTON 9. registered agent	State  RT  IN RHODE ISLAN	02920	COVENTRY	State R_T_	\$ 8H
This information is curren	ntly of record in the	Office of the Secretary of	State. Changes require filing of l	Form 641 - R.I.G.L. 7-6-13	5/7-6- <b>8</b> ₹
This report i	FIL	.ED	President, Secretary, Assistant	Secretary, Treasurer, Rec	eiver or Trustee
	By	6 2009	Under penalty of p	erjury, I declare and affirm	that I have examined th
	1211 cas		report, including an	y accompanying schedules a	and statements, and that a

	By (7/06)	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all
ile Date	FILED	statements contained herein are true and correct.
heck No.	By AUG U	Signature of Officer  SUSAN WRIGHT  Print or Type Name of Officer
FOR SECRE	TARY OF STATE USE ONLY	Title of Officer Form 631 Rev. 09/17