



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:** 2010

**1. Corporate ID No.** 000027420

**2. Name of Corporation** Newport County Community Mental Health Center, Inc.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 127 JOHNNY CAKE HILL ROAD

City or Town: MIDDLETOWN

State: RI Zip: 02842 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**

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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
TREASURER	DEANNA J CASEY	55 HAMMOND STREET NEWPORT, RI 02840 USA
SECRETARY	BARBARA J AUDINO	284 SEA MEADOW DRIVE PORTSMOUTH, RI 02871 USA
DIRECTOR	J. CLEMENT CICILLINE	100 RHODE ISLAND AVENUE NEWPORT, RI 02840
CHAIR	DAVID L. KELLY	828 VETERANS MEMORIAL PARKWAY EAST PROVIDENCE, RI 02914 USA
VICE CHAIR	JUDY K JONES	20 BATEMAN AVENUE NEWPORT, RI 02840 USA
DIRECTOR	CHARLES J HAYES	465 SPRING STREET NEWPORT, RI 02840 USA
DIRECTOR	SHEILA A CORY	P.O. BOX 1136 NEWPORT, RI 02840 USA
DIRECTOR	JOSEPH R PALUMBO, JR.	276 MEADOW LANE MIDDLETOWN, RI 02842 USA
DIRECTOR	PAUL L GAINES	227 EUSTIS AVENUE NEWPORT, RI 02840 USA
DIRECTOR	WILLIAM E WEST	205 REDWOOD ROAD PORTSMOUTH, RI 02871 USA
DIRECTOR	SANDRA OXX	95 HIGHLAND DRIVE JAMESTOWN, RI 02835 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**

J. CLEMENT CICILLINE 127 JOHNNYCAKE HILL ROAD MIDDLETOWN , RI 02842

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

**Signed this 14 Day of May, 2010 at 10:25:37 AM.** *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 corporation, 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 J. CLEMENT CICILLINE, M.S.  
Signature of Officer of the Corporation

President or  Vice President or  Secretary or  Assistant Secretary or  
 Treasurer or  Receiver or  Trustee (check one)

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.**

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