



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

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2011

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 92035		2. Name of Corporation Addiction Recovery Institute South, Inc.			
3. Street Address Principal Business Office 205 Hallene Road			City Warwick	State RI	Zip 02825
4. Business Phone No. 401-737-4788		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island Methadone maintenance and counseling					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Eileen Hoff			Vice President Name		
Street Address 76 Albert Avenue			Street Address		
City Warwick	State RI	Zip 02905	City	State	Zip
Secretary Name Gordon P. Cleary			Treasurer Name Jeanne H. O'Reilly		
Street Address 129 River Run Road			Street Address 57 Stonegate Drive		
City Middletown	State RI	Zip 02842	City Portsmouth	State RI	Zip 02871
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Eileen Hoff			Director Name Jeanne H. O'Reilly		
Street Address 76 Albert Avenue			Street Address 57 Stonegate Drive		
City Cranston	State RI	Zip 02905	City Portsmouth	State RI	Zip 02871
Director Name Gordon P. Cleary			Director Name		
Street Address 129 River Run Road			Street Address		
City Middletown	State RI	Zip 02842	City	State	Zip
9. SHARES AUTHORIZED 1000					
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES — THIS SECTION MUST BE COMPLETED					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value
			1000	Common	No Par

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

**FILED**

File Date: APR 18 2011

Check No. 2437

By: BY

FOR 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.

Signature: Eileen Hoff Date: 3/30/11

Eileen Hoff  
Print or Type Name

President  
Title