RI SOS Filing Number: 201179517940 Date: 06/08/2011 11:40 AM

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: 2011

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	J. CLEMENT CICILLINE	100 RHODE ISLAND AVENUE NEWPORT, RI 02840 USA
TREASURER	SANDRA OXX	95 HIGHLAND AVENUE JAMESTOWN, RI 02835 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	JUDY K. JONES	20 BATEMAN AVENUE NEWPORT, RI 02840 USA
FIRST VICE CHAIR	DAVID L. KELLY	828 VETERANS MEMORIAL PARKWAY EAST PROVIDENCE, RI 02914 USA
SECOND VICE CHAIR	SHEILA A. CORY	P.O. BOX 1136 NEWPORT, RI 02840 USA
DIRECTOR	RUTH THUMBTZEN	517 SPRING STREET NEWPORT, RI 02840 USA
DIRECTOR	CHARLES J HAYES	465 SPRING STREET 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	STEPHEN P. ERICKSON	25 PARADISE BROOK FARM ROAD MIDDLETOWN, RI 02842 USA
DIRECTOR	PETER F. MARTIN	1 1/2 WILLOW STREET NEWPORT, RI 02840 USA
DIRECTOR	ELIZABETH RIPA	844 EAST ROAD TIVERTON, RI 02878 USA
DIRECTOR	LYNNE DEBEER	1536 MAIN ROAD TIVERTON, RI 02878 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 8 Day of June, 2011 at 11:41:55 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

X 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.

Form No. 631
Revised 09/07