



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: 2012

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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 THUMBZTEN | 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 1 Day of June, 2012 at 3:10:34 PM. *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.

Form No. 631
Revised 09/07

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