



**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.** 000029881

**2. Name of Corporation** Rhode Island Council of Community Mental Health Organizations, Inc.

**3. State of Incorporation**

State: RI

**4. Corporate Address in Rhode Island**

No. and Street: 40 SHARPE DRIVE, SUITE 3

City or Town: CRANSTON

State: RI Zip: 02920 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**

COMMUNITY MENTAL HEALTH TRADE ORGANIZATION INVOLVED IN  
COORDINATION, PLANNING, TRAINING AND ADVOCACY.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete*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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-------------------|------------------------------------------------|------------------------------------------------------------|
| TREASURER         | DANIEL J KUBAS-MEYER                           | 40 CENTENNIAL AVENUE<br>BARRINGTON, RI 02806 USA           |
| SECRETARY         | CHRISTIAN L STEPHENS                           | 22 HIGHLAND STREET<br>MILFORD, MA 01757 USA                |
| 2ND VICE CHAIRMAN | RICHARD L LECLERC                              | 28 WESTWOOD ROAD<br>NORTH SMITHFIELD, RI 02896 USA         |
| VICE CHAIRMAN     | LARRY GOLDBERG                                 | 21 LANGHAM ROAD<br>PROVIDENCE, RI 02906 USA                |
| CHAIRMAN          | ROBERT A CROSSLEY                              | 158 WOODWARD ROAD<br>PROVIDENCE, RI 02904 USA              |
| PRESIDENT         | ELIZABETH V EARLS                              | 80 OLD NORTH ROAD<br>KINGSTON, RI 02881- USA               |
| DIRECTOR          | J. CLEMENT CICILLINE                           | 100 RHODE ISLAND AVENUE<br>NEWPORT, RI 02840 USA           |
| DIRECTOR          | DALE K KLATZKER PH.D.                          | 27 PEEPTOAD ROAD<br>NORTH SCITUATE, RI 02857 USA           |
| DIRECTOR          | JOSEPH F DZIOBEK                               | 1577 LONSDALE AVENUE<br>LINCOLN, RI 02865 USA              |
| DIRECTOR          | DOROTHY A YEAMEN                               | 69 PUNCH BOWL TRAIL<br>WEST KINGSTON, RI 02892 USA         |
| DIRECTOR          | NANCY E PAULL                                  | 1384 DRIFT ROAD<br>WESTPORT, MA 02790 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**

ELIZABETH V. EARLS 40 SHARPE DRIVE, SUITE 3 CRANSTON , RI 02920-

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

**Signed this 6 Day of June, 2012 at 1:57:07 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 ELIZABETH V. EARLS, PRESIDENT/CEO

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.**

