



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov/business

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: June 1 - June 30 • This report must be typed or printed legibly.

Filing Fee: \$20.00 • FAILURE TO FILE THIS REPORT BY JULY 30 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 28237		2. Exact name of the Corporation Phoenix Houses of New England, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Drug Abuse Treatment, Research, and Education			
5. Principal office address 99 Wayland Avenue - Suite 100		City Providence	State RI	Zip 02906	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
President Name Chairperson - Sheri Sweitzer		Vice-President Name N/A			
Street Address 99 Wayland Avenue - Suite 100		Street Address			
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Patrick McEneaney		Treasurer Name N/A			
Street Address Same		Street Address			
City	State	Zip	City	State	Zip
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES) RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS (X) BOX FOR ATTACHMENT <input checked="" type="checkbox"/>					
Director Name Sheri Sweitzer		Director Name Donald P. Wolfe			
Street Address 250 Major Potter Road		Street Address 1 Kristin Court			
City Warwick	State RI	Zip 02886	City Coventry	State RI	Zip 02816
Director Name Peter H. Hurley		Director Name Peter Ottmar			
Street Address 555 South Main Street - Apt. 306		Street Address 1110 Central Avenue			
City Providence	State RI	Zip 02903	City Pawtucket	State RI	Zip 02861
8. REGISTERED AGENT IN RHODE ISLAND					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 641.					

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

File Date _____
 Check No. _____
 By _____
FOR SECRETARY OF STATE USE ONLY

FILED ✓

JUN 25 2012

BY 173488

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.

Sheri Sweitzer Signature of Officer JUNE 19, 2012 Date

SHERI SWEITZER
 Print or Type Name of Officer

CHAIRPERSON
 Title of Officer