RI SOS Filing Number: 201442149900 Date: 06/30/2014 4:00 PM

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

NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

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.	2. Exact name of the Corporation
126668	**RI Association for Infant Mental Health**
3. State of Incorporation	4. Brief description of the character of business conducted in Rhode Island
Rhode Island	**A non profit organization organized or charitable & educational purposes to foster the development of RI community of infant mental health specialists for net working, resource sharing, & other activities to further the corporations' charitable purposes.**

5. Principal office address	City	State	Zip
350 Point Street	**Providence**	**RI**	**02903**

6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Aimee Mitchell	**99 Berkshire Street**	**Providence**	**RI**	**02903**

Vice-President Name	Street Address	City	State	Zip
Christine Lowe	**Coro Building**	**Providence**	**RI**	**02903**

Secretary Name	Street Address	City	State	Zip
Janice Cardarelli	**11 Lafrate Way**	**North Kingstown**	**RI**	**02852**

Treasurer Name	Street Address	City	State	Zip
Stanley Kuziel	**66 B Street**	**Cranston**	**RI**	**02920**

7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS MUST LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Susan Dickstein	**Elmgrove Avenue**	**Providence**	**RI**	**02906**

Director Name	Street Address	City	State	Zip
Katherine Begin	**500 Prospect Street**	**Pawtucket**	**RI 02860**	

Director Name	Street Address	City	State	Zip
Lynn DeMerchant	**Rhode Island College - Mt. Pleasant Avenue**	**Providence**	**RI 02929**	

Director Name	Street Address	City	State	Zip

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, duly Authorized Representative, Receiver or Trustee

2014 JUN 30 P 1:50 R.I. SECRETARY OF STATE DIV. OF BUSINESS SERVICES

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

FILED
JUN 30 2014
By 201585
A.A.

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.

Stanley J Kuziel Jr 6/30/14
Signature of Officer or Authorized Representative Date

STANLEY J. KUZIEL JR
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
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