



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. 126668		2. Exact name of the Corporation RI Association for Infant Mental Health			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island A non profit organization organized for 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 350 Point Street		City Providence		State RI	Zip 02903
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Aimee Mitchell		Vice-President Name Christine Lowe			
Street Address 99 Berkshire Street		Street Address Coro Building			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Janice Cardarelli		Treasurer Name Stanley Kuziel			
Street Address 11 Lafrate Way		Street Address 66 B Street			
City North Kingstown	State RI	Zip 02852	City Cranston	State RI	Zip 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 Susan Dickstein		Director Name Katherine Begin			
Street Address Elmgrove Avenue		Street Address 500 Prospect Street			
City Providence	State RI	Zip 02906	City Pawtucket	State RI	Zip 02860
Director Name Lynn DeMerchant		Director Name			
Street Address Rhode Island College - Mt. Pleasant Avenue		Street Address			
City Providence	State RI	Zip 02929	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

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

JUN 30 2014

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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.

Signature of Officer or Authorized Representative

STANLEY J. KUZIEL JR

Print or Type Name of Officer or Authorized Representative

Date

6/30/14

2014 JUN 30 PM 1:50
SECRETARY OF STATE
DIVISION OF BUSINESS SERVICES