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
000849388	MMHC
3. State of Incorporation: Rhode Island	4. Brief description of the character of business conducted in Rhode Island: TO PROVIDE PROFESSIONAL COUNSELING AND THERAPEUTIC SERVICES FOR MENTAL HEALTH CLIENTS ON AND OFF SITE.

5. Principal office address	City	State	Zip
1808 MAIN ROAD	Tiverton	RI	02878

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

President Name	Street Address	City	State	Zip
Robert Duwors	1808 Main Rd	Tiverton	RI	02878

Vice-President Name	Street Address	City	State	Zip
Dan Gallagher	7 Broofields Ave	Barrington	RI	02806

Secretary Name	Street Address	City	State	Zip
Liam Murphy	14 Slater Ave	Somerset	MA	02725

Treasurer Name	Street Address	City	State	Zip
James Derry	1770 Main Rd.	Tiverton	RI	02878

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
Robert Duwors	1808 Main Rd	Tiverton	RI	02878

Director Name	Street Address	City	State	Zip
Dan Gallagher	7 Broofields Ave	Barrington	RI	02806

Director Name	Street Address	City	State	Zip
Liam Murphy	14 Slater Ave	Somerset	MA	02725

Director Name	Street Address	City	State	Zip
James Derry	1770 Main Rd.	Tiverton	RI	02878

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

SECRETARY OF STATE CORPORATIONS DIV 2014 NOV 20 AM 10:37

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

FILED
FILED
NOV 20 2014
BY cm 236943

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.

Signatur[illegible] rized Representative Date

Digitally signed by Neville Bedford
DN: cn=Neville Bedford, o, ou=401divorce.com, email=help@401divorce.com, c=US
Date: 2014.11.18 20:33:36 -05'00'

Neville Bedford
Print or Type Name of Officer or Authorized Representative

Form No. 631
Revised: 04/2014
114044-1-982341