



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: 2014

1. Corporate ID No. 000161918

2. Name of Corporation Mental Health Association of the Greater Westerly Area.

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: P.O. BOX 2971
City or Town: WESTERLY State: RI Zip: 02891 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 97 CROSS STREET
City or Town: WESTERLY State: RI Zip: 02891 Country: UNI

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

MENTAL HEALTH PROVIDERS FROM SOUTH COUNTY, RI AND SOUTHEAST, CT AREAS DEDICATED TO PROVIDING INFORMATION AND RESOURCES HELPFUL FOR THE WELL-BEING OF THE AREA COMMUNITIES.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete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

Table with 3 columns: Title, Individual Name, Address. Rows include President (Lauri Anne Maynard) and Treasurer (Reinhard Straub).

		GREENVILLE, RI 02828 USA
SECRETARY	DAN THOMPSON	97 CROSS STREET WESTERLY, RI 02891 USA
VICE PRESIDENT	LAURA LEHRMAN-KELLY	5 MECHANIC ST HOPE VALLEY, RI 02832 USA
DIRECTOR	LAURI ANNE MAYNARD	97 CROSS STREET WESTERLY, RI 02891 USA
DIRECTOR	LAURA LEHRMAN-KELLY	5 MECHANIC ST HOPE VALLEY, RI 02832 USA
DIRECTOR	REINHARD STRAUB	600 PUTNAM PIKE GREENVILLE, RI 02828 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**

JENNIFER SPIVEY-RACHLIN 85 BEACH STREET, BUILDING B, UPPER LEVEL WESTERLY , RI  
02891

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

**Signed this 19 Day of December, 2014 at 4:20:29 PM by the authorized person. *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 company, 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 LAURI MAYNARD  
Signature of Authorized Person

Form No. 631  
Revised 09/07

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