



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 2015

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. 28381		2. Exact name of the Corporation Mental Health Association of Rhode Island			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island The promotion of good mental health, the prevention of mental illness and the improvement of mental health services in Rhode Island.			
5. Principal office address 1280 North Main Street		City Providence		State RI	Zip 02904
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name William J. Waters, Jr., Ph. D		Vice-President Name Julia Steiny			
Street Address 157 Pleasant Street		Street Address 38 Forest Street			
City Rumford	State RI	Zip 02916	City Providence	State RI	Zip 02906
Secretary Name Christine Brown, MHA c/o Bradley Hospital		Treasurer Name Vacant			
Street Address 1011 Veterans Memorial Parkway		Street Address			
City East Providence	State RI	Zip 02915	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) ☒					
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	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

FILED

JUN 19 2015

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.

File Date _____

Check No _____

By: _____

BY 13180

Ted Martin

06/17/2015

Signature of Officer or Authorized Representative

Date

FOR SECRETARY OF STATE USE ONLY

Ted Martin, Interim Executive Director

Print or Type Name of Officer or Authorized Representative

Mental Health Association Of Rhode Island
Board Of Directors FY2015

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(VACANT)

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BY 28381

Updated 06/08/15

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JUN 19 2015

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Emeritus Member

Updated 06/08/15