



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

President

William J. Waters, Jr., Ph. D
157 Pleasant St.
Rumford, RI 02916
Home: 438-6612
Cell: 323-1136
Email: wjtwj157@gmail.com

Richard C. Antonelli, MSW
139 Lansdowne Rd.
Warwick, RI 02888
Home: 463-7965
Cell: 474-8991
Email: rca29@cox.com

J. Clement Cicilline, M.S.
100 Rhode Island Avenue
Newport, RI 02840-3346
Home: 847-4444
Cell: 864-3535
Email: budcicilline@cox.net

Vice President

Julia Steiny
38 Forest St.
Providence, RI 02906
Home: 421-6238
Cell: 286-2609
Email: juliasteiny@gmail.com

Megan N. Clingham, Esq.
3 Modena Drive
Warwick, RI 02886
Home: (401) 739-3941
Work: (401) 462-6624
Cell: (401) 474-8249
Email: Megan.clingham@doa.ri.gov

Treasurer

(VACANT)

Joseph Contreras
38 Marlow Street
Cranston, RI 02920
Home: (401) 714-9215
Email: Joseph.contreras@gmail.com

Secretary

Christine Brown, MHA
Bradley Hospital
1011 Veterans Memorial Parkway
East Providence, RI 02915
Work: 432-1205
Fax: 432-1500
Home: 245-7679
Cell: 255-0708
Email: cbrown@lifespan.org

Missy Cupp
26 Brayton Avenue
East Providence, RI 02916
Cell: (401) 952-0305
Email: missycupp@hotmail.com

Bob Andrade

1 Anchor Way
Riverside, RI 02915
Home: 437-2320
Cell: 641-0990
Email: Andrade@cox.net

Mary Geraldine Harrington
252 Montgomery Ave.
Cranston, RI 02905
Home: (401) 225-4575
Email: Marygigi7163@gmail.com

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BY 28381

Updated 06/08/15

Nicholas Trott Long, Esq.

54 Taylor's Lane
Little Compton, RI 02837
Work: 351-5070
Fax: 888-610-8915
Home: 635-2928
Email: nicholas@ntlong.com

Daniel J. McCarthy

95 Walden Way
Cranston, RI 02921
Home: 823-4999
Cell: 225-8516
Email: danmcc02921@gmail.com

John Moran

590 Maureen Circle.
Mapleville, RI 02839
Home: 568-5104
Cell: 595-1431
Email: jetmoran@verizon.net

Peter O'Neil

25 Beaverbrook Road
Norfolk, MA 02056
Cell: 617-817-7844
Email: janpeteoneil@att.net

Waylan Tucker

201 Wentworth Ave.
Cranston, RI 02905
Home: 785-0216
Work: 467-3292
Cell: 413-5397
Email: waylantucker@mac.com

Ann M. Varna Garis, Ph. D

3055 Anderson Dr.
Dighton, MA 02715
Home: 508-669-6091
Cell: 508-904-2456
Email: varnagaris@gmail.com

Ruth Winograd

17 Taft Ave.
Providence, RI 02906
Home: 861-7200
Email: rwinograd30@yahoo.com

Joseph Bevilacqua, Ph. D

51 Burchard Ave.
Little Compton, RI 02837
Home & Fax: 635-2792
Email: joebev49@gmail.com

Interim Executive Director

Ted Martin

5 Wake Robin Rd., Unit 3005
Lincoln, RI 02865
Work: 726-2285
Cell: 487-7362
Email: tedmartin@cox.net

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Emeritus Member

Updated 06/08/15