



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. 56479		2. Exact name of the Corporation Mental Health Consumer Advocates of Rhode Island, Inc.			
3. State of Incorporation Rhode Island		4. Brief description of the character of business conducted in Rhode Island Mental Health Wellness and Recovery, Peer Support, Education, Employment			
5. Principal office address 1280 North Main St		City Providence	State RI	Zip 02904	
6. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Jonathan Dupre		Vice-President Name Kathryn McNulty			
Street Address 70 Touro St		Street Address 485 Pascoag Main St			
City Providence	State RI	Zip 02904	City Pascoag	State RI	Zip 02859
Secretary Name Jean Traskauskas		Treasurer Name Jonathan Dupre			
Street Address 120 Parnell St 1st Floor		Street Address 70 Touro St			
City Providence	State RI	Zip 02909	City Providence	State RI	Zip 02904
7. LIST ALL DIRECTORS (NAMES AND ADDRESSES). RHODE ISLAND CORPORATIONS <u>MUST</u> LIST NO LESS THAN THREE (3) DIRECTORS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name Charles Banks III		Director Name Mario Belfi			
Street Address 150 Nashua St Apt 1		Street Address 49 Central St			
City Providence	State RI	Zip 02904	City Central Falls	State RI	Zip 02863
Director Name Cindy Litchman		Director Name Tommie Richards			
Street Address 270 Hillside Ave		Street Address 670 North Main St Apt 6S			
City Pawtucket	State RI	Zip 02860	City Providence	State RI	Zip 02904
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 _____

FILED

Check No _____

FEB 18 2016

By: _____

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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.

Jonathan Dupre
Signature of Officer or Authorized Representative

2/18/16
Date

Jonathan Dupre

Print or Type Name of Officer or Authorized Representative

56479

MHCA-RI 2015 Board of Directors

Jon Dupre, Chair and Treasurer
70 Touro St
Providence, RI 02904

Kathryn McNulty, Vice Chair
485 Pascoag Main St
Pascoag, RI 02859

Jean Traskauskas, Secretary
120 Parnell St 1st Floor
Providence, RI 02909

Charles Banks III
150 Nashua St Apt 1
Providence, RI 02904

Mario Belfi
49 Central St
Central Falls, RI 02863

Cindy Litchman
270 Hillside Ave
Pawtucket, RI 02860

Tommie Richards
670 N Main St Apt 6S
Providence, RI 02904

Jai Santiago
16 Arlington St
East Providence, RI 02914

Mike Sicard
164 Carousel Dr Apt 213
Riverside, RI 02915

Advisory Board Members:

Jane Hudson
83 Wightman St
West Warwick, RI 02893

Kate Sherlock, Esq.
RI Disability Law Center
257 Westminster St Suite 401
Providence, RI 02903

Staff to Board:

Lindsay Belisle

Charlie Feldman

Executive Director:

Jim McNulty