



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 71680		2. Exact name of the Corporation Addiction Recovery Institute, Inc.						
3. Principal office address 31 North Union Street		City Pawtucket	State RI	Zip 02860				
4. Business Phone No. 401-725-2520		5. State of Incorporation Rhode Island						
6. Brief description of the character of business conducted in Rhode Island Methadone maintenance and counseling clinic								
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>								
President Name Eileen Hoff			Vice-President Name					
Street Address 2304 Jesse Owens Drive			Street Address					
City Austin	State TX	Zip 78748	City	State	Zip			
Secretary Name Gordon P. Cleary			Treasurer Name Jeanne H. O'Reilly					
Street Address 129 River Run Road			Street Address 57 Stonegate					
City Middletown	State RI	Zip 02842	City Portsmouth	State RI	Zip 02842			
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>								
Director Name Eileen Hoff			Director Name Jeanne H. O'Reilly					
Street Address 2304 Jesse Owens Drive			Street Address 57 Stonegate					
City Austin	State TX	Zip 78748	City Portsmouth	State RI	Zip 02842			
Director Name Gordon P. Cleary			Director Name					
Street Address 129 River Run Road			Street Address					
City Middletown	State RI	Zip 02842	City	State	Zip			
9. SHARES AUTHORIZED								
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>								
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.								
						NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
						1000	Common	No Par

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date

Check No

By

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 19 2016

WY45 DS

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.

Signature of Authorized Representative

Date

Eileen Hoff - President

Print or Type Name of Authorized Representative